

# FOR SATISFACTORY ANESTHESIA IN ALL PROCEDURES CHOOSE CARBOCAINE NC WITH CONFIDENCE

Now, with two solutions on hand, you have a choice of preparations to serve all the anesthetic needs of daily practice.

For rapid acting, 1-2 well tolerated 1-5 anesthesia of comparatively BRIEF DURATION 6—as in high-speed restorative procedures...simple extractions...children's dentistry...and whenever vasoconstricting agents are contraindicated—choose new CARBOCAINE 3% without vasoconstrictor.

For satisfactory<sup>4</sup> anesthesia of LONGER DURATION, well tolerated, with a wide margin of safety<sup>3.7</sup>—as in oral and periodontal surgery . . . quadrant dentistry . . . pulp canal work — CARBOCAINE 2% with Neo-Cobefrin® is the anesthetic of wide professional acceptance.

Choose CARBOCAINE in any case . . . use CARBOCAINE with the full assurance you are using an anesthetic that meets the highest standards of efficiency and performance.

References: 1. Berling, C. Carbocaine in local anaesthesia in the oral cavity. Odont. Revy. 9:254-1958, 2. Feldmann, G., and Mordenram, A. The anaesthetic effect of Carbocaine and Idocaine. Svenska Tandi-Tidakr, 5:253-1 1959, 3. Well, C., Welham, F. S., Santangelo, C. and Yackel, R. F. Clinical evaluation of memory of the control of t





1450 Broadway . New York IS, N.Y.

CARBOCAINE BRAND OF MEPIVACAINE) AND MEO-COBEFRIM (BRAND OF LEVO-NORDEFRIM) ARE THE TRADEMARKS (REG. U.S. PAT. OFF.) OF STERLING DRUG ING.



To alleviate any pain or discomfort which may occur after subgingival treatment, scaling or cleaning—it has become almost axiomatic procedure for the dentist to administer two Anacin® Tablets.

Anacin gives maximal results in pain-relief with minimal side reactions. And the relief Anacin affords helps insure comfort of the patient long after leaving the dental chair. Preferred by more dentists than any other analgesic.



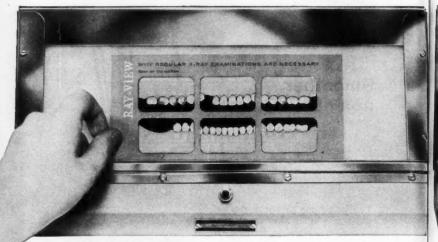
If you aren't receiving your Anacin dispenser with samples—please write.

WHITEHALL LABORATORIES, NEW YORK, N.Y.

# RAY-VIEW:

... free to the profession, on request

of

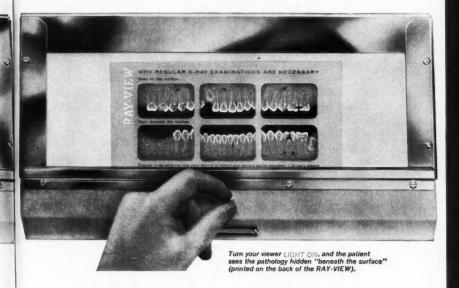


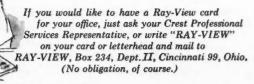
Place the RAY-VIEW card on your radiograph viewer with the LIGHT OFF... your patient sees a mouth with no apparent pathology.

"When a patient raises a vague objection to radiographs, it usually can be traced to ignorance and confusion," a Midwestern dentist told us. "Of course we can simply insist on x-ray pictures," he said, "but once a patient learns the benefits of radiographs, I get genuine cooperation, and a much stronger dentist-patient relationship." Professional attitudes like this led to the development of the Ray-View, a quick, memorable way to explain the need for radiographs.

As you know, your professional advice about home-care aids also is appreciated by patients. When it comes to selecting a dentifrice, many patients are confused because they do not understand the significance of the clinical studies that proved Crest's effectiveness. These patients continue to use regular toothpaste—when they could be benefiting from Crest's added protection against decay. (Studies have shown that Crest reduces the caries incidence by 21%-49% depending on conditions of use.)

## patient teaching aid for radiographs







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#### CORNER

#### "Wonderful Indeed!"

THE ABOVE HEADLINE originally appeared in a recent issue of DENTAL DIGEST as the title of an item in the Contra Angles Department which, for many years, has been written by Edward J. Ryan, DDS, editor of that magazine as well as ORAL HYGIENE. To paraphrase the radio and TV pitchmen, his department's readership rating is wonderful indeed!

That particular part of Doctor Ryan's column (and the subject of this month's CORNER), was also read in the *Chicago Daily Tribune*, August 4 edition, when Television Editor Larry Wolters wrote the following review:

OF all the words favored by TV and radio sponsors and their copy writers "wonderful" tops them all. Thus, it has become so hackneyed and abused that it doesn't really mean anything at all. We have long thought to delve into the semantics of "wonderful" but haven't got around to it.

But now Dr. Edward J. Ryan has done an exhaustive job. Actually he set out to combat the overuse of the word in broadcasting but he admits that his campaign has been "a total flop, an abject failure."

"But zealots are not easily put down," Doctor Ryan says, "I shall persist, alone if need be, to free the television channels and the radio airways from the constant and trite use of a perfectly fine word in the wrong places. To free myself from the fanatic's label, I wish to report a sound and honorable scientific experiment that (Continued on page 8)



Reflecting "a definite preference" for the sedative-enhanced analgesia of

# PHENAPHEN analgesic antipyret sedative PHENAPHEN (Robins

WITH CODEINE ¼ gr., ½ gr., 1 gr.

A study involving 300 cases of tooth extractions showed that Phenaphen was superior to a standard APC formulation in analgesic effectiveness, and that the patients voiced "a definite preference" for Phenaphen.¹ In another study measuring perception of dental pain, Phenaphen proved to be a more effective analgesic than aspirin alone, and Phenaphen with Codeine was more effective than codeine alone.²

DOSAGE: 1 or 2 capsules as required. SUPPLY: Bottles of 100 and 500 capsules,

1. Albertson, G. L.: J. Calif. State Dent. Assn. and Nevada State Dent. Soc. 33:373, 1957. 2. Strand, H. A., gt al.: J. Amer. Dent. Assn. 56:491, 1958.

A. H. ROBINS CO., INC., Richmond 20, Virginia

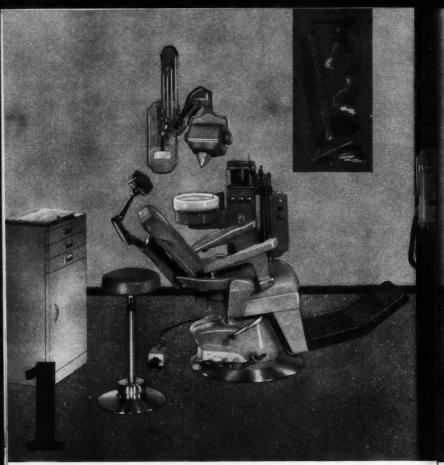
Four convenient potencies;

PHENAPHEN (basic Phenaphen formula) containing in each capsule: Phenacetin (3 gr.)..... 194.0 mg.

PHENAPHEN No. 2: Phenaphen with codeine phosphate ¼ gr. (16.2 mg.)

PHENAPHEN No. 3: Phenaphen with codeine phosphate ½ gr. (32.4 mg.)

PHENAPHEN No. 4: Phenaphen with codeine phosphate 1 gr. (64.8 mg.)



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in the efficient use of space to conserve time and energy

in increasing production and quality of service

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in multiple operatories

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in washed field technique adaptations in being a comfortably seated dentist working with direct vision on a thoroughly relaxed patient . . .

If you are interested in the new Time and Motion concept see your WEBER DEALER

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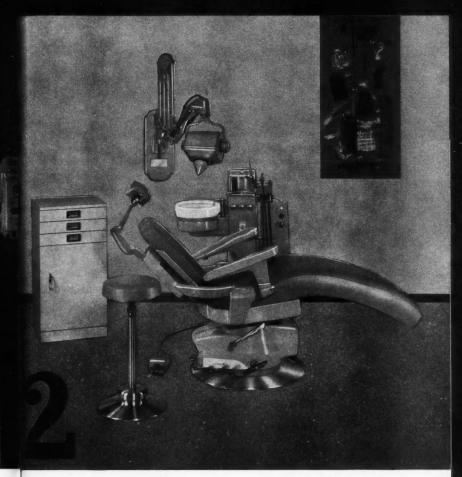
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# we suggest...

The Powerchair and Powerlounge that places a thoroughly relaxed patient in that low "low" position to enable you to use the operating stool effectively.

The Turbinette with instrumentation at hand—the Air Turbine Handpiece with variable speed foot control—the Three-Way Syringe with thumb tip choice of warmed air, warm water or spray.

The Mobile Tray Cab-that comple-

ments your working rhythm—a work surface where you want it—stores colorcoded, pre-prepared trays for the day's appointments.

The Wall Mounted Twin 6-R Raydex—one control panel for two tubeheads—70 KVP—Electronic Timing—71" Bracket Reach—meets requirements of the Federal Government and the various State Agencies—Safe—Fast—Step-Saving Radiography.

about the many equipment modifications available in The Versatile World of Weber

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I have conducted at my own expense and without university auspices or government grants. I wish to report on the results of my dedicated hours (an indefinite number, and this is not good science) before the television screen and alone in a darkened room before a radio set (1948 model).

"In this atmosphere of austere scholarship I have recorded 'wonderful' as used to describe: A beer like no other. A kind of men's underwear. An underarm deodorant that makes one loved more. A used car that will last forever, at least. A cookie of character. An idyllic real estate subdivision. A soft drink that exudes vitality. A garage that may be put together in spare time. A devastating hair tonic with libidinous overtones for men. A cathartic of surefire effectiveness. Tobacco products (except chewing). A dentifrice of therapeutic potency. A baseball game. Scintillating floor wax.

"A brand of housepaint. A soap that does things for women that hormones can never do. A salad dressing of distinction. An insurance policy that protects against everything. A sausage. The performance of several brands of gasoline. A breakfast food that leaps at you in the morning. A loan company that is friendly to everybody. A pill to put you to sleep." Then Mr. Wolters concluded: we want to thank Doctor Ryan for sharing with *Tribune* readers the fruits of his research. And we would like to call upon him to think about extending his inquiry. If Doctor Ryan is willing to sit some more in a darkened room before his vintage set, perhaps he could check into the excessive use of "exciting," "thrilling," "inspiring," "magic," "mild," "safe," "sure," "pure," and "limited offer." We are curious to learn whether a "limited offer" has ever expired or been withdrawn.

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A valuable treatment for two major problems confronting dentists

# mucoplex

After five years of intensive research in collaboration with a nationally known clinic, The Stuart Company has developed MUCOPLEX, a new product for the dental profession designed to treat:

- Low tolerance to dentures due to sore gingivae.
- · Abnormalities of the oral mucosa such as rawness, soreness, burning and dryness.

Extensive clinical trials have shown MUCOPLEX to be remarkably consistent in clearing up a high percentage of sore mouth conditions (where non-specific nutritional products have failed). Maximum benefit can be expected in 4 to 6 weeks.

MUCOPLEX can be used alone, or as an adjunct to local treatment.

Each MUCOPLEX tablet contains:

HEPROFAX®\* 5 mcg. VITAMIN B<sub>2</sub> ..... 1.5 mg.

Dosage: 1 or 2 tablets 3 times daily (6 tablets daily for therapeutic effect).

Available: Bottles of 100 and 500 tablets at all pharmacies.

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Liver Fraction A (a liver protein fraction) and Liver Fraction 2.

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 More treatments to crowd into the same number of hours. More demands on your stamina, more wear on your nerves. Could be a killing load. But it needn't be.

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gentle but stimulating, controlled massage of gums safer, more effective, thorough cleaning of teeth

in chronic marginal gingivitis and periodontitis "...one of the best aids in mouth hygiene to be developed in recent years...mouth hygiene is improved in less time and with less patient effort.... Gingival stimulation is improved with less patient education.... Once a patient uses Broxodent, he will very seldom return to the use of the ordinary toothbrush."

g. M. Stewart, d.d.s., university of pittsburgh, school of dentistry, pittsburgh, pennsylvania  $^{*}$ 

in handicapped patients, both children and adults "At the end of 18 weeks 17 patients [diagnosed as severely retarded] demonstrated great improvement and 2 remained at moderate improvement... In the opinion of the author Broxodent fills a definite need for the oral hygiene of severely handicapped patients."

J. J. ADELSON, D.D.S., 30 W. 59TH STREET, NEW YORK 19, NEW YORK\*

in soft tissue problems, including periodontitis and periodontosis "Ten of the 12 patients experienced an improvement in their gingival lesions during use of Broxodent. Eleven patients had cleaner teeth when using Broxodent, and 10 reported a useful massaging effect with the instrument."

W. F. MAGUIRE, D.D.S., VETERANS ADMINISTRATION HOSPITAL, BROCKTON, MASSACHUSETTS.\*

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\*Clinical Research Notes, Vol. IV, No. 2, 1961

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a superior bristle - interchangeable brush unit. Brush unit of new, special polyamide, Rilsan®-durable, flexible, superior to nylon or natural fiber, shaped to reach every dental surface. Soft bristle texture and rounded bristle ends are specially designed for automatic brush and massage action - nontraumatic to teeth and supporting tissue structure. Allergy or sensitivity to Rilsan bristles has not been observed.

safe-to-use-easy-to-operate. Precision, Swiss-built motor unit (110 v. A.C.) is thoroughly researched, carries the Underwriters' Laboratories Seal-self-lubricating, watertight, shockproof, specially designed for long, trouble-free service.

The patient merely attaches his personal brush unit and guides the instrument across buccal and lingual tooth and gum surfaces. BROXODENT automatically brushes in the recommended vertical brush motion-rapidly and efficiently cleaning every tooth surface, gently stimulating and massaging all supporting tissue structure.

less time-less effort-less error. BROXODENT provides the three essentials most patients are not willing or able to give for correct home care of teeth and gums - time, effort, and correct brushing and massage technique. Specifically, BROXODENT automatically assures in less than one minute the thorough cleaning and massage of teeth and gums that few persons can achieve in 3-5 minutes with an ordinary toothbrush.

one BROXODENT motor unit serves the entire family. Fully guaranteed for one full year, BROXODENT is supplied with two interchangeable brush units, a plastic travel case, and a convenient bathroom wall rack, at leading pharmacies, for \$19.75. Extra brush units (in a variety of colors) may be purchased separately, two for \$.98.

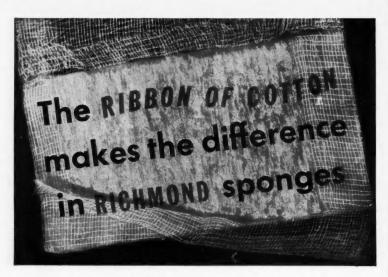
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Open up a Richmond Dental Sponge
and look inside. You'll see a
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been enclosed in surgical
gauze, with all raw edges
turned inside.

Now you know why the Richmond sponge has more absorbency in the center where you need it... and why Richmond sponges are so satisfactory in daily use.

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# Extended freedom from pain after dental procedures

Excellent control of postsurgical pain was achieved in 90 per cent of 107 patients undergoing a variety of dental procedures by the administration of Percodan!—a highly effective and well tolerated oral analgesic widely used in medical practice.

| SURGICAL PROCEDURES  | patients |
|--|----------|
| Multiple Extraction of teeth, with alveolectomy                    | 44       |
| Surgical removal, both mandibular partially impacted third molars  | 7        |
| Root resection   | 10       |
| Cystectomy, right mandibular                                       | 1        |
| Surgical reduction, both maxillary                                 |          |
| tuberosities, and reduction of both                                |          |
| mandibular retromolar pads<br>Surgical removal mandibular impacted | 3        |
| third molar  | 26       |
| Surgical removal, lingual tori, right                              |          |
| and left mandible  | 2        |
| Removal of hyperplastic tissue in muco-                            |          |
| buccal fold mandibular   | 1        |
| Surgical removal, maxillary impacted third molar                   | 2        |
| Dry socket following surgical extraction                           |          |
| mandibular bicuspid  | 3        |
| Surgical removal, hypertrophic tissue,                             |          |
| maxillary muco-buccal fold   | 1        |
| Surgical removal, maxillary first molar                            | 5        |
| Pericoronitis, mandibular third molar                              | 1 2      |

A single Percodan Tablet provided relief within 15 to 25 minutes, lasting 4 to 6 hours. "The majority of our patients experienced no residual pain or discomfort, and they felt less tense and more relaxed than prior to the operation."

Each scored, yellow Percodan\* Tablet contains: 4.50 mg. dihydrohydroxycodeinone HCl, 0.38 mg. dihydrohydroxycodeinone terephthalate (warning: may be habit-forming), 0.38 mg. homatropine terephthalate, 224 mg. acetylsalicylic acid, 160 mg. acetophenetidin, and 32 mg. caffeine.

AVERAGE ADULT Dose: 1 tablet every 6 hours. May be habit-forming. Federal law permits oral prescription.

Note: A reproduction of the engraving, suitable for framing, is available on your request.

1. Chasko, W. J.: J. District of Columbia Dent. Soc. 31:3, No. 5, 1956. 

\*U.S. Pats. 2,628,185 and 2,907,768.

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# Now Novolintroduces

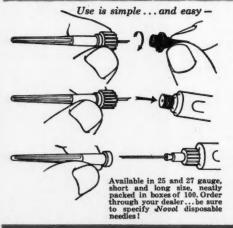
### a PRE-STERILIZED Disposable Needle

- Fits like a regular needle!
  - Fits ANY Syringe!
    - · Simple and easy to use!

If you have ever used disposable needles, you will be amazed at the simplicity and ease with which the new NOVOL Disposable Needle may be used.

It fits any type of cartridge syringe, just like an ordinary needle and chuck . . . specially threaded chuck insures perfect fit . . . needle shafts can't slip . . . it can't be damaged in handling . . . and the guard can't pop off !

If you have not used disposable needles, you will find them wonderful time savers...sterility is always certain...needles are always sharp and perfect...and patients appreciate the extra consideration for their comfort and safety!



- Remove threaded colored rubber guard, exposing end of needle which punctures cartridge.
- Place exposed end through hole in the end of ANY type cartridge syringe. Screw down just as you would a metal chuck.
- Pull off plastic sheath covering injecting end of needle...you're ready to inject with a sterile, sharp, disposable needle.

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**Potent B-Complex** 



with 500 mg. of C



Actual size of a capsul containing the B-Compi and liver in Surbex-T



#### SURBEX-T.". part of dental therapy when the water soluble vitamins are depleted or demands increased

Before or after oral surgery. When your patient's dietary suffers due to restoration.

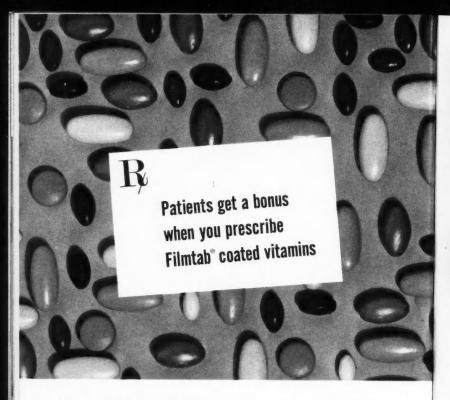
When infections contribute to depletion of the water soluble vitamins.

When gingivitis is associated with poor eating habits.

...end, when need is modified, SUR-BEX with C. Abbott's B-complex formula with 250 mg. of C.

Each Flimtab® Surbex-T represents:
Thismine Mononitrate (B;)... 15 mg.
Riboflavin (Bg)... 10 mg.
Nicotinamide... 100 mg.
Pyridoxine Hydrochloride... 5 mg.
Cobalamin (Vitamin B;g)... 4 mcg.
Calcium Pantothenate... 20 mg.
(in catcium pentolhenate recemic).
Ascorbic Acid (in sedies asorbas) 500 mg.
Desiccated Liver, N. F.... 75 mg.
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Supplied in bottles of 100 and 1000



No water is used in the Filmtab process. Potency is enhanced as there is virtually no chance of moisture degradation to nutrients. Shellac sub-seal barriers are not needed or used.

This contrasts with other methods of manufacture. Moisture is actually a part of the gelatin capsule, while sugar coatings must be applied with water.

There are other Filmtab advantages, too, and several of these can be particularly appreciated by your patients. Odor and after-taste are sealed inside the Filmtab.

Tablets are up to 30% smaller; easier to swallow.

This latter point furnishes still further benefits. Absorption is speeded as sugar's bulk and sub-seals are eliminated. Filmtab coatings are less likely to break or crack, as sugar is crystalline in nature.

In short, while good formulas may be similar, formulations do differ. Filmtab coatings can often furnish a logical basis for choice.

Filmtab coated Vitamins by Abbott

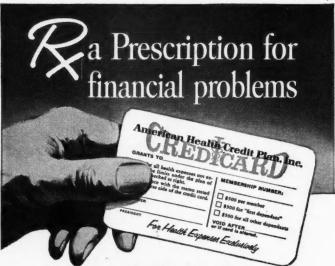
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Maintenance Formulas: Dayalets® Dayalets-M® Dayteens™

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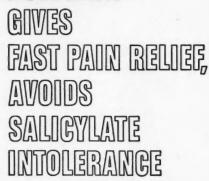
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The antacidanalgesia of BUFFERIN sharply reduces the incidence of gastric intolerance while enhancing the patient's comfort.

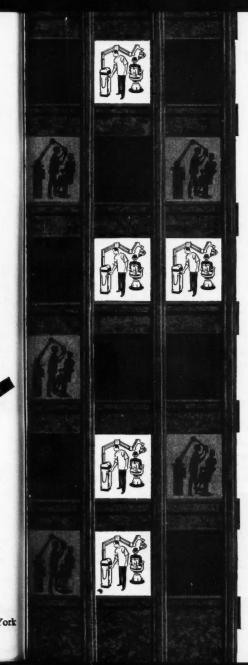
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5 out of 10 dentists today enjoy the advantage of modern x-ray equipment!

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#### Tip and squeeze

Same time-tested WON-DRPAK now in colorless liquid with colored powder for pink mix; also white powder for white mix. WONDRPAK has long been one of the most widely used products in dentistry.

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**SALIVA EJECTORS.** Slot type—Hole type. Long, regular and child's. **B-L SALIVA EJECTORS.** For buccal area and under tongue.

**CAUSTIC PASTE.** Used instead of surgery under certain conditions. **COPPER SULPHATE CEMENT.** Svelto Prophylactic Paste and Powder.

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... needs a half barrel of orange juice or, to be exact, a total of 2,106 ounces in his first two years. And how much he'll need during his first twenty years would have to be measured by the truckload, because the need for the nutrients contained in Florida orange juice continues throughout life.

How our little "limey" or any of your other patients obtain the vitamins and nutrients found in citrus fruits is important to them and to you. There are so many wrong ways,

so many substitutes and imitations for the real thing.

For a way that combines real nutrition with real pleasure, there's nothing better than the oranges and grapefruit ripened under Florida's own sunshine. And, it's good nutrition and makes good dental sense to encourage people to drink the juices and eat the fruits watched over by the Florida Citrus Commission. These men set the world's highest standards of quality in fresh, frozen, canned, or cartoned citrus products.

When you suggest to your patients that they have a big glass of orange juice for breakfast, for a snack, or when they want to raid the refrigerator, the deliciousness of Florida orange juice will assure that they'll want to carry out your recommendation. You'll be helping them to the finest drink there is—by the glassful or the barrel.

Florida Citrus Commission, Lakeland, Florida

This is what you have been looking for

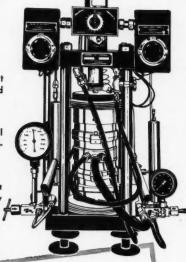
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"dynamic impressions" applied to dental appliances

# Accomplishes 3 Objectives

- Hydro-Cast\* as tissue treatment restores patient's tissue to a sound physiological condition.
- Hydro-Cast\* as impression material secures a faithful, accurate functional reproduction of tissue.
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Results—Adjustment free dental appliance



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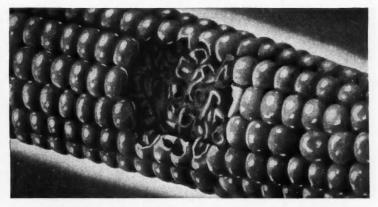
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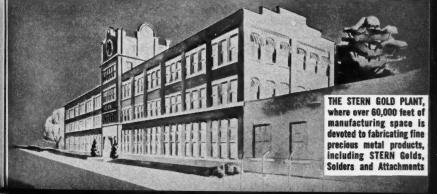
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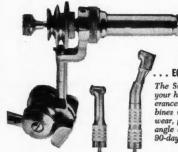
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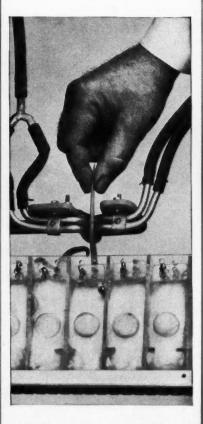
Twenty rats, in groups of four, are used in this modification of the method described by Davies et al.¹ The pain stimulus is provided by a heated resistance wire placed near the rats' tails. Direct contact with the hot wire is prevented by a specially designed water-cooled tail rest. Observers record the time interval that animals take to respond (tail jerk) to the heat stimulus.

Untreated rats react within three to six seconds. Any prolongation of this reaction time in animals receiving test medication is an indication of analgesia.

The rattail heat technic is one of many tests used by Lilly scientists to study the analgesic properties of compounds such as Darvon<sup>®</sup>.

1. Davies, O. L., Raventos, J., and Walpole, A. L.: Brit, J. Pharmacol., 1.255, 1946.

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Rattail Heat Technic . . . valuable in preliminary screening of drugs for analgesic activity. Specially designed water-cooled tail rest prevents direct contact with hot wire.



When inflammation is present, Darvon combined with A.S.A. Compound reduces discomfort to a greater extent than does either analgesic given alone.

### products of Lilly research

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Both products combine the analgesic advantages of Darvon with the antipyretic and anti-inflammatory benefits of A.S.A. Compound. Darvon Compound-65 contains twice as much Darvon as regular Darvon Compound without increase in the salicylate content or the size of the Pulvule.

### Formulas:

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| 32 mg. |   |    |    |     |    |   |  |  |  | Darvon 65 mg.           |
|        |   |    |    |     |    |   |  |  |  | Acetophenetidin 162 mg. |
|        |   |    |    |     |    |   |  |  |  | A.S.A                   |
|        |   |    |    |     |    |   |  |  |  | Caffeine 32.4 mg.       |
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Fitzgerald, G.: Dental Digest 62:494 (Nov.) 1956.
 Abel, I.: Oral Surg. 11:491 (May) 1958.
 Toto, F. D., et al.: J. Periodontology 29:192 (July) 1958.
 Burman, L. R., and Goldstein, A.: J. Periodontology 32:257 (July) 1961.

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### **Cariogenic Enzymatic Activity**

The two important factors in judging the caries-producing potential of a food are: (1) its form and (2) the amount of time it is in the mouth. Recent dental research\* makes it apparent that liquids pass so rapidly through the mouth they leave only minimal residue on gums and teeth. Therefore liquids provide little chance for caries-related action.

Specifically, soft drinks are found to have virtually no relationship to oral conditions involved in the acidogenic theory. They may be enjoyed for their purely beneficial qualities—encouraging liquid intake, vital for maintaining body fluid balance; providing quick energy; stimulating appetite by aiding digestion.

\*Shaw, Jas. H., Caries-producing Factors; a Decade of Dental Research, J. Am. Dent. A., 55:785 (Dec.) 1957.

Ludwig, T. G., and Bibby, B. G., Acid Production from Different Carbohydrate Foods in Plaque and Saliva; Further Observations Upon the Caries-Producing Potentialities of Various Foodstuffs, J. Dent. Research, 36:56 (Feb.) 1957. Bibby, B. G., Effect of Sugar Content of Foodstuffs on Their Caries-Producing Potentialities, J. Am. Dent. A., 51:293 (Sept.) 1955.

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> aroid ental owder

American Ferment Division, Breon Laboratories Inc., New York 18, New York 36 ORAL HYGIENE • OCTOBER 1961

## Oral Hygiene

VOL. 51, NO. 10

OCTOBER 1961

AN INDEPENDENT NATIONAL MAGAZINE FOR DENTISTS FOR MORE THAN FIFTY YEARS

EDITOR, Edward J. Ryan, BS, DDS ASSOCIATE EDITOR, Marcella Hurley, BA

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## Picture of the Month



DOCTOR E. WAYNE SATTERFIELD (left), Athens, Georgia, dentist and former professional baseball player, signed Fred Barber (center) and Pete Dickens (right) to 1961 football grants-in-aid for the University of Georgia. Both players plan to become dentists and were all-Southern first team selections. Each year Doctor Satterfield helps the University in recruiting athletes who are interested in studying dentistry.

Doctor Satterfield is a state and national figure in Little League baseball and is also active in dental affairs, being a member of the Georgia State Board of Dental Examiners.-Photograph submitted by Loran Smith, Sports Editor, Athens (Georgia) Banner Herald.

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL Hygiene, 708 Church Street, Evanston, Illinois.

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## Keeping Proper Account of a Dentist's Income

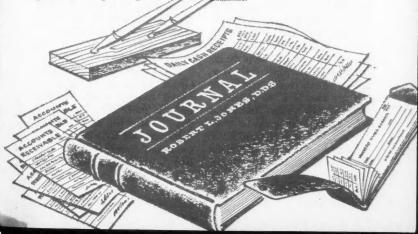
### By GEORGE W. CONDIT\*

EVEN the American College Dictionary is prosaic in the way it defines "accounting." There is nothing wrong in describing such an activity as the system of setting up, maintaining, and auditing the books of a firm. That is what such work involves. Yet, an accounting of one's conduct to his superior is also another way of using the word; or it might be an explanation of some event. Similarly, a dentist in acquiring fiscal information as to how his practice is functioning is not necessarily doing it for the sole purpose of accumulating the needed facts for his income tax returns.

As a proprietor he must have accurate information as to how his practice is operating. He rouse know whether his productive time is being put to profitable use. He needs to know whether he is realizing a suitable financial return from the assistance his secretary is giving him. He should know whether the volume of new patients is being satisfactorily maintained. If not, there are some questions that need to be answered.

Is the growth of his practice being jeopardized by his phrenetic effort to get patients in and out of the chair so that he can make more money?

\*Mr. Condit, a New York City Professional Business Consultant, assisted in preparing the format for the American Medical Association manual "The Business Side of Medical Practice," He is an editorial consultant of The New Physician, the official publication of the Student American Medical Association and has contributed a series of eleven criticles on economic subjects to that



### A system that provides continuous adequate and accurate financial information as to how your practice is operating need not be complex.

Would it be a good financial investment to further control the pa-

tient pain factor?

Would a higher speed drill, or a new piece of audioanalgesia equipment pay for itself? Would patients be more inclined "to talk up" the office to their friends and relatives?

Does the office need a paint job, a better play area for children, a new record player — along with some new recordings of hit musicals that have just opened on Broadway?

These questions can be answered when the dentist has adequate and accurate financial information on a continuing basis. The checkbook balance does not

provide the answer.

Failing to keep such information is comparable to a person ignoring mouth hygiene, and trusting that caries will not result. The average accountant, desperately pressed for time just before the tax deadline of 15 April each year, cannot be expected to give his client any kind of a "fiscal prophylaxis" at such a time. And this is what every healthy dental practice needs on a year-round basis.

In meeting such a need it is not necessary to install a complicated double entry set of accounting records, which will mean your having to hire another employee who will be spending most of her time with this one assignment.

I have devised a simple accounting system for physicians and dentists. It is a *single entry* system that will meet all of the accounting requirements, and still is sufficiently simple for one to operate who has had no bookkeeping

or accounting training.

However, if your accountant is adamant about your having a double entry set of accounting records—and there are many who feel there is no other way to keep a set of books—he should at least keep your financial records sufficiently simple so that an average secretary who has had no commercial training will be able to keep your books for you without encroaching too heavily on her other duties.

### Seek Competent Advice

Suppose you have never used a formal Income or Disbursement record, and you decide that it is time to start. What should be done? First, it will be wise to call upon someone to look over the forms and records that you have been using. A management con-

sultant, or an accountant, can give you the help that is needed.

To start he will probably want to look at your accounts receivable form. If he is familiar with your practice problems he will likely lean toward your having a 4 by 6 card, printed on both sides, that has columns for the date, type of service, charge, credit, and balance. At the top of the card there should be a space to record the patient's name, address, name of the responsible party, referring party, place of employment and address, and the telephone number of the residence as well as the place of business. He will want to observe how these cards are being filed. They should be in easily available file drawers, with plenty of alphabetic dividers, and separate compartments for those accounts that are paid-to keep them from being interspersed with those that are still carrying a balance.

He will then set up a daily cash sheet that will keep track of the patients seen on each office day, the services they have received, and the cash payments that have been made at the office. This sheet will also have a place (usually on the back) for the notation of payments that have been received by mail, or from outside sources. This might be nonincome, or from some other type of income not derived from the practice.

He will want to "tie-in" the re-

ceipts for the day, and for the month to date, with the deposits made in the bank and the cash that has been used for personal or office purposes. By doing this you will be taking a giant step toward living amicably in the same world with the Internal Revenue Service.

Sufficient supervision and assistance should be given your secretary so that she is trained to make her own daily reconciliation without difficulty. This is something that the accountant can teach her to do.

### Pay By Check

You will need a ledger in which totals of daily income can be recorded, from the practice as well as from any other source. Your accountant might prefer keeping the disbursement journal in the same book, or in a separate binding. In any case all of your personal and professional expenditures as shown by your checkbook will be entered here. If you are in the habit of paying cash for any of your office expenses-except those that are met from the petty cash fund-you should change and issue checks routinely.

In order to do a satisfactory job of categorizing your expenses a disbursement journal will be needed with about two dozen columns. If you wish, even your personal expenses can be divided into the categories of insurance premiums,

(Continued on page 54)

In the opinion of this author state control has withstood the test of usage and resulted in the highest caliber of dental care.

## Let's NOT Change By LEONARD L. McEVOY, DDS\* Dental

FREQUENTLY the arguments against state control of dental licensure are remarshalled and reworked into articles extolling the beauty and logic of complete national reciprocity. I do not know why the other side is not more often presented, but it seems that the opponents of national reciprocity let the doctrine of res ipsal loquitur apply and neglect their side of the case. I do not recall a single article upholding the right of a state to control dental licensing within its borders.

In most ways it would seem redundant to have to present a defense of a system of state control that has withstood the test of usage and resulted in the highest caliber of dental care that the world has ever known; yet critics, from

time to time, would destroy the whole present state control by abrogation of state sovereignty in this vital matter.<sup>1</sup>

A common procedure in presenting the side of free licensure is to quote figures on failures in State Board examinations in the so-called "desirable" states. A typical table is shown here in Figure 1. The data are from the American Dental Association.

The next step is to build their case on the fact that failures average about forty per cent and the statement is advanced that all these failures are United States citizens and that they are usually licensed in some state, and therefore that they should be allowed to migrate at will and practice where they choose. It is usually stated that any other disposition of the problem is archaic, unrealistic, and unpatriotic. The advocates of a national system of licensure then usually go no further because the next logical step would tend to defeat their arguments. I

<sup>\*</sup>Doctor McEvoy, a graduate of the Chicago College of Dental Surgery, served four years in the Army, after which he practiced in Illinois for 18 years. He has done postgraduate study at the University of Southern California and the Los Angeles County General Hospital. He now specializes in oral surgery in California. 'Goodman, S. E.: State Board Examinations: Dilemma for Dentistry, ORAL Hydeen 5133 (May) 1961.

|            |            |        |        | Per Cent |          |
|------------|------------|--------|--------|----------|----------|
|            | Applicants | Passed | Failed | Failed   |          |
| Arizona    | 155        | 60     | 95     | 61       |          |
| California | 779        | 442    | 337    | 43       | FIGURE 1 |
| Colorado   | 111        | 69     | 42     | 38       |          |
| Florida    | 305        | 114    | 141    | 46       |          |
| Washington | 148        | 96     | 52     | 35       |          |

## Licensure

refer to figures on dental population and perhaps the most important item of all, and that is the evaluation of the quality of dental care.

The case for and against reciprocity will stand on the type of care that the public receives. Proponents of free exchange will say that dentistry is practiced with equal standards throughout the country. Such a statement is either unrealistic or uninformed, or both. For example, a recent article in Oral Hygiene¹ termed the gold foil restoration as impractical, yet, there are sections of the country where these superb restorations are commonly used and study

clubs work to perfect skills in this field. In view of these facts some State Board members feel that anyone desiring to practice in a community of such standards should have a command of this technique. Certainly if any group of dentists chooses to ignore the foil restoration that is their decision, but to attempt to foist this belief on whole states is arrogance to a high degree.

An impartial approach to the problem should include additional facts. The accompanying table (Figure 2) is essential to understanding the situation. The figures are from the same source as the first table.

|            |            | F        | op. per | National |          |
|------------|------------|----------|---------|----------|----------|
|            | Population | Dentists | DDS     | Average  |          |
| Arizona    | 1,162,000  | 456      | 2549    | 1697     |          |
| California | 14,892,000 | 9508     | 1566    | 1697     | FIGURE 2 |
| Colorado   | 1,699,000  | 1000     | 1699    | 1697     |          |
| Florida    | 4,439,000  | 2195     | 2023    | 1697     |          |
| Washington | 2,804,000  | 1953     | 1436    | 1697     |          |

It is evident that State Boards do not result in restrictions of the number of dentists, as some of the so-called "desirable" states actually have more dentists than the national average and in nearly every case they conform to the national picture. More difficult to evaluate is the quality of dental care practiced in these desirable areas. It is widely believed that the type of service is superior.

### **Distribution of Dentists**

Entering into the question of nationwide reciprocity is the question of ultimate distribution of dentists if State Boards were to be eliminated. Most of the critics of States' rights unite in the attitude that it would not make any appreciable difference. No one can speak from experience in this regard, but in my opinion, formed from practice in several states, it would result in chaos in our profession. If licensure were for the asking I predict that California would double its dental population and would have a dentist to every 800 persons instead of the present adequate representation of one to 1566. Florida would gain at least 3000 dentists and thereby throw dentistry into a submarginal profession. I believe that, on the whole, the abrogation of States' rights would reshuffle at least 20,-000 dentists, and that most of the unhappy and unsuccessful dentists of the country would move into

the retirement and desirable states. Dentists would be drawn from areas where they are needed and where they were trained and dumped into areas that already have adequate personnel. The "hue and cry" for dentists in the denuded areas would become deafening and some form of dental fragmentation would result. The field would become a fertile one for the bootlegger and the bushwhacker and the denturist. United States dentistry would degenerate to the level of England and New Zealand, and all the years of struggle in elevating dentistry to the status of a profession would disappear. Part-time dentistry and that of the kitchen sink and front-room class, would take over in the overcrowded states.

### **Licensure and Politics**

It is also difficult to separate dental licensure from the political scene. I believe that States' rights are the salvation of our free way of life. To abandon these rights to some form of Federal bureaucracy would be a surrender to the forces of socialism. Any effort to deny States' rights plays into the hands of the collectivists and presents them with material for the attainment of the nationalizing of health care.

State Boards generally do their duty to protect the dental health of their areas. My personal experience with different state examinations is that any person capable of doing good dentistry and willing to prepare for the examinations can pass. It is unreasonable for a practitioner who has been out of school for many years and for all that time has practiced just inside the law and has not put in one hour of postgraduate study, and who could not pass any dental faculty in the country, to expect to migrate at will to any state of his choosing.

The states known as desirable. or so-called retirement states, have dental population in keeping with the Nation at large. To permit mass migration of dentists to the point of saturation of some states and the abandonment of others is unthinkable. To those of a mind to take other State Boards, I wish them well and can assure them that preparation and perseverence will accomplish the result. Their mental efforts toward this attainment will be rewarding in more ways than the attainment of the desired license.

Anyone with the ability and ambition can pass the State Boards under discussion. The situation is sound the way it is-I say, leave it alone.

6753 Hollywood Boulevard Hollywood 28, California

### THE COVER

Our cover photograph shows Engineer Peak in the high San Juan mountains in Southwestern Colorado. This represents a cordial invitation from President William D. McCarthy to the Fifty-Fifth Annual Midwinter Meeting of the Denver Dental Association to be held January 7 to 10, 1962, in Denver. For information and reservations please address: Grace L. Ogle, Executive Secretary, Denver Dental Association, 903 Republic Building, Denver 2, Colorado.-Photograph by C. Paul Lake, DDS, Denver, Colorado.

WALL STREET is a place where the successful investors generally make good money while amateurs often consider themselves fortunate to break even or to make a small gain. Over the years I have been an investment counselor, I have compiled figures from my own experience which show that more than 50 per cent of amateur investors come out behind in the market.

Why is this so? What attitudes, philosophies, and tools, distinguish the successful investor from the plod-along amateur? Is it better economic and market analysis? More rigid supervision of portfolios?

Undoubtedly it is these, but it is also more. Exacting analysis of the fundamental-combined-with-technical type described in two ar-

ticles in the March and May 1961 issues of Oral Hygiene is most important. And equally important is continuing day-to-day management such as was described in a previous article of mine, The Tools Of Investment Management, published in March 1960.

But these things are tools to aid judgment, not substitutes for it; just as the equipment in a dentist's office cannot substitute for the skill of a trained professional man. What, then, distinguishes the investor who is consistently successful from his less fortunate colleagues—bearing in mind that in the ranks of the successful "pros" are many dentists and other parttime investors as well as Wall Street's full-timers?

I believe two words sum it up. These are "philosophy" and "attitude"—the philosophy behind each investment decision, the attitudes with which an investor approaches stock analysis and investment management.

### THE TEN ATTITUDES OF SUCCESSFUL

Differences in philosophy and attitude separate

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Here, then, are ten distinguishing attitudes of the man who is a success in Wall Street:

1. A professional is not "married" to any investment. "Give loyalty to your family and to your friends but don't waste it on a scrap of paper" is good advice heeded by every professional investor but too often followed in reverse by the unsuccessful amateur.

As soon as the times turn against an industry or an individual company, the pro quickly sells those stocks. He stays with an investment only as long as it is good, wastes no emotion on a security which has fallen upon sour times. As a result few pros ever ride an investment up, then ride it right back down again. They look for and recognize the "cloud no bigger than a man's hand" when it first appears on the horizon, scudding for shelter long before the storm is apparent to everyone.

2. A professional takes losses quickly, profits slowly. More than

any one other attitude,
the willingness to take a
loss while it is small, and
the patience to hang on to
an investment while the
profits grow large, separates the men from the boys in
Wall Street.

It is an all too human attitude to do the exact opposite, to cash in on profits quickly but to hang on to securities that show losses in the hope—so often vain—that they will

come back.

Because he coldly and unemotionally slices short his losses the professional is able to make money if he is right only 50 per cent of the time (although in practice most good pros have a far better batting average than this).

One of Wall Street's more successful investors, Gerald M. Loeb, has said in his book, The Battle For Investment Survival that, "My flair was not in picking out more winners than the next fellow, nor in knowing more often the

## **INVESTORS**

By DAVID L. MARKSTEIN\*

the amateurs from the professional investors.

ute

right time to buy them, but rather in recognizing my good from my bad." Mr. Loeb's book is a classic in the field and excellent reading for a dentist who wants to pattern his thinking on that of a real old

pro of Wall Street.

3. A professional lives with his investments. In contrast to the philosophy so often mouthed by amateurs that the way to invest is to "buy good stocks, lock them away, and forget them," the professional recognizes that change is one of the laws of business as well as of life itself. And so he reads business and investment news daily to keep up with new trends, learn of new opportunities, and, not-so-incidentally, of developing trends which might threaten the safety of his existing investments.

He daily appraises the price and economic patterns in order to be familiar with what is going on in companies whose stocks he holds and with the general economy (as well as with technical trends of

stock prices).

4. A professional concentrates his thoughts on capital and ignores dividends. This is heresy, but only in the wide ranks of the unsuccessful majority. For the professional realizes that it little profits an investor to gain 6 per cent in income while his capital itself shrinks by 20 per cent. He is aware that in such an event he has a loss whether he turns it into cash or holds on in the vague hope that his stock will

"come back." The value of capital is not what a stock costs but what a stock is worth *today*.

I have heard a most successful investor and a man, by the way, who is only a part-timer in Wall Street, say, "It's those darned dividends that get you in trouble." He meant that concentration on income rather than capital tends nearly always to lead into investments in which capital values are likely to shrink—and also that the gains to a growth-minded investor who takes small dividends as a matter of course are likely to be far larger than those accruing his 6 per cent-minded brother.

The professional seeking 6 per cent for living expenses is more likely to take this out of capital itself—relying on the remaining 94 per cent investment to accrue gains larger than his take-out—than he is to seek a high yield that does not take into account capital safety and capital enhancement.

- 5. The professional knows WHY he buys and WHY he sells. Where an amateur is likely to buy because "somebody on the inside says it's sure to go up," the pro purchases only after exhaustive analysis, and ignores tips. He sells only because of over-valuation, declining price trend, or because he feels a company has at least temporarily reached the end of its road.
- A professional does not try for price tops and bottoms. If Wall Street has a grand old man, it is

Bernard Baruch. He once said he had observed that consistent buying at bottoms and selling at tops could only be done by liars. The pro is willing to buy a little too late and sell a little too soon because he knows that in such a policy lies safety.

7. A pro allows himself no excuses. In a business where cold reason pays off handsomely over emotion, the professional is aware that while errors are inevitable, he cannot allow himself excuses in self-appraisal of why each was made. By knowing how a mistake was made similar mistakes can be avoided. Excuses which salve the ego are an expensive luxury.

Bernard Baruch has described how in his early days he would physically retire from the Wall Street scene to meditate on each transaction in order to be sure what factors of judgment were faulty or right in each. For Mr. Baruch the policy was a most

profitable one.

8. The professional seeks values, not big names. Frequently in this day of institution-dominated stock markets the big name blue chip stocks are bid at least temporarily beyond reason. Astute investors (including many analysts of these very institutions) seek out littlenoticed situations with better growth than the big names and which are still under, rather than overvalued. An example was AMP, Incorporated, a comparatively small electronics manufacturer whose stock sold at 20 while that of General Electric was 95. Two years later AMP, Incorporated, now listed on the Big Board, has risen from 20 to 95 and General Electric declined from 95 to 65. AMP's earnings were growing explosively, General Electric's were

stable-to-declining.

9. A professional has a flexible mind. The dogmatist who sticks to a policy or a belief in the face of new evidence is certain to fail in Wall Street's changing markets. To quote Gerald Loeb once more: "It takes a flexible mind, not a man with one dominating idea who is forging ahead when the times are in step with him and totally helpless when they change."

10. The professional averages UP, the amateur averages DOWN.

An amateur and a professional both purchase 100 shares of Stock X at 20. It subsequently declines to 17. At or before this point the pro is likely to cut his loss by selling, but the amateur feels that he has been presented a bargain opportunity and buys more. He has "averaged down" by bringing the average cost of his shares below his original purchase. But his average cost is still below the market and. worse, he has assumed the risk of buying into a declining situation.

Should events go the other way with Stock X rising to 23, probabilities are that the professional may buy more to "average up."

True, he has paid more for his second purchase, but he has an average cost *below* the market and is buying into an improving situation.

It is not the mere mechanics of this which distinguishes amateur and professional—for pros will occasionally, for good reason, break the rule and also average down but the hardheaded thinking professional waits for evidence of improvement before adding to a commitment, and generally avoids increasing the investment in a worsening area.

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### KEEPING PROPER ACCOUNT OF A DENTIST'S INCOME

(Continued from page 45)

personal taxes, household expenses, and personal withdrawals. When it comes to breaking down your operating expenses there can be separate columns for each of the following: automobile and transportation, drugs and dental supplies, dues and professional journal subscriptions, laboratory and x-ray supplies, office expenses and supplies, professional advancement, professional assistance, rent, repairs and maintenance, salaries, taxes (business) and licenses, telephone and answering service, travel and conventions, utilities, and capital expenditures. There can also be a miscellaneous column in which to drop various occasional items such as business insurance, Christmas gratuities, with an accompanying "explanation" column that will describe the expenditure.

If your secretary does not know how to keep such a journal the accountant should be called upon to indoctrinate her properly. She will need to know how to balance all of these sub-columns with the master column. While he is at it, he should also show her how to gather together these heterogeneous expenses into a Profit and Loss Statement.

Periodically, your management consultant, or accountant, should sit down with you to analyze these Profit and Loss Statements, and compare them to similar financial reports in the past. Besides having the dollars and cents figures, he will want in addition the accumulation of certain statistical information: The number of new cases, total number of patients, the number of prophylaxes, number of recalls, number of canceled or broken appointments, the number of dentures, and any other type of information that will be helpful.

With this kind of help you will find that your financial problems have been reduced, and that you are more free from eventual pain (in the pocketbook).

5 Beekman Street New York 38

## So You Know **Something**



## **About Dentistry!**

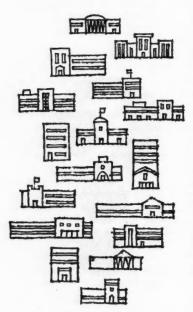
By ROLLAND C. BILLETER, DDS

### Quiz 205

- 1. Should blood studies be ordered if one encounters marked pallor of the mucous
- 2. True or false? The syndrome of premenstrual tension that is common among women in the childbearing age may cause unusual behavior and reaction to the dental experi-
- Marginal leak (a) increases, (b) decreases, after a period of time in the average amal-

- 4. Can abnormal eruption sequence of the mandibular teeth affect the overbite? . . .
- 5. Lesions in cancellous bone (a) can, (b) cannot, be detected roentgenographically.
- 6. True or false? With relation to allergic reactions, most of the standardized acrylic resin materials that are now used as denture base materials may be considered perfectly safe if they are properly cured. . . . .
- 7. In patients who are receiving corticosteroid therapy, the normal defensive responses of the body usually are (a) depressed, (b) accelerated. . . .
- 8. What is the primary requisite of a successful dental restoration? .....
- 9. Air alone is not an effective coolant above (a) 6,000, (b)
- 10. What is responsible for the herring bone pattern on a roentgenogram? .....

FOR CORRECT ANSWERS SEE PAGE 90



## Do we need 23 new dental schools?

By STANLEY E.
GOODMAN, DDS, LLB\*

As a DENTIST I have been overwhelmed by the number of articles in dental literature, and by hand-wringing, breast-pounding speeches presented at dental society meetings, relating to the alleged growing and critical shortage of dentists. This cry of serious dental shortage is being taken up and blithely accepted as fact by more and more of those outside the profession, including, apparently, the Federal government, which is preparing to assist in overcoming this serious shortage anticipated for the seventies. Voluminous documents, statistics, and testimony, have been presented to the Congress stating that the Nation must have 23 new dental schools in the next decade graduating an additional 2800 dentists annually, if we are to meet the minimal dentist needs of our expanding population.

I cannot agree that there is such a need. I believe it to be unsubstantiated by fact and unrealistic.

Certainly, I am in agreement with dental educators who believe that the proposed federal assistance is necessary if we wish to continue to improve, maintain, and increase our present excellent system of dental education. The

<sup>\*</sup>Doctor Goodman is a member of the New York Bar and the American Dental Association. He served as legal and investigations officer in the US Coast Guard during the Korean War. Doctor Goodman received his LLB degree from New York University's Law School, and graduated from the University of Pennsylvania School of Dentistry in 1958.

This author recommends overcoming apathy, complacency, and selfishness rather than supporting crash building programs to overcome the much publicized dentist shortage.

financial requirements necessary for educating the dental student have become too burdensome for the student and university and the various states to bear alone. However, an intelligent plan for financial assistance to dental education is not quite the same as a plan based upon unnecessary crash programs.

I wish to present another view, dealing with what can be done to prevent a dentist shortage in the coming decade, without resort to hasty, wasteful boondoggling programs! This plan of action calls for a good deal of self-help and positive action by the profession-atlarge and less apathy, complacency, self-satisfaction and selfishness. This plan, if adopted, would result in saving the Federal government perhaps \$100 million of the \$242 million proposed for the expansion of the present 47 dental schools and the building of 23 new ones, while accomplishing the same beneficial public health service.

Let us first examine the realism of a program calling for the building of 23 new dental schools and graduating 2800 additional dentists each year. This, to me, assumes the proportions of a preposterous waste of money! The facts are that the dental schools presently are unable to find sufficient qualified students to fill the places in their freshman classes. During the 1960-61 academic year there were 164 unfilled places in the freshman classes in the country's dental schools. This represented 4.3 per cent of the total available places! The increasing competition from other sciences, engineering, research, industry, and government programs, is reaching deeply into the potential sources of dental student material. Where is the logic in presuming that we will be able to obtain 3000 or more additional qualified firstyear dental students each year, in less than 10 years?

The dental school deans are finding it extremely difficult to obtain and hold sufficient numbers of qualified teachers. The competition among dental schools for teachers is keen. To obtain qualified teaching personnel for 23 new dental schools would only thin out the numbers and decrease the overall quality of teaching in the present 47 dental schools.

The most practical and realistic

method for expanding the number of dental students to be graduated lies in the expansion of the facilities and potential in the 47 dental schools now in existence. The difficult problem of finding and training teachers would be reduced immeasurably. Furthermore, the cost of expanding present plants is far less than building 23 new dental schools. Presently, there are 20 dental schools which graduate 60 or less dentists annually; 13 of these graduate less than 50; of the latter, 7 graduate 35 or less, and one of these graduates 12 or 13! Smallness for the sake of quality is admirable, but smallness for the sake of smallness is wasteful. Dental schools graduating 90, 100 and more dentists annually have proved that excellence in dental education does not depend upon smallness.

### **Consider Present Facilities**

Expanding our present dental schools with their intact and experienced corps of teachers, is our best course for increasing the numbers of dental graduates annually; and this can be done without sacrificing quality! With two new dental schools now being completed, by building seven others to bring the total to a respectable 56, we will produce an adequate number of dentists to serve the dental needs of the United States population by 1975.

We are constantly being re-

minded of the increasing trend for the population to grow faster than the number of dentists. We hear that the ratio in 1928 was approximately one dentist for every 1730 persons. The ratio in 1940 was about 1865 people per dentist and about 2000 in 1950. At present it is about 2150 people per dentist, and we are warned that it will be 2450 in 15 years.

I have become weary of hearing these scare statistics. I am wary of statistics in general, because all too often they are twisted and turned to prove any point! What we do not hear is that the productivity of dentists, measured in the number of different patients seen and annual gross income increased 29 per cent between 1948 and 1958 and more than 100 per cent since 1929, with the fee differential taken into consideration. Though the ratio of population per dentist has been increasing since its peak in 1928, the productivity of the dentist has been increasing at a ratio equal to, if not greater than, the added patient load per dentist! This is attributable to the use of more efficient office procedures, the advent of improved dental equipment, and a greater utilization of auxiliary personnel. What is more, there is no indication that because the dentists treat more patients than in former years, they are busier. Surveys indicate that patients wait less time for an appointment today than 10 or 15 years ago. The Director of the Bureau of Economic Research and Statistics of the American Dental Association said recently, "Despite the declining ratio of dentists to population, the profession appears to be keeping ahead of demand for dental care." I could not say it with more clarity.

At present there are between 40 and 45 million people living in areas where water supplies have had their fluoride content adjusted to a one part per million level or where fluoride occurs naturally. For the past two years I have been unable to pick up a professional dental journal which did not extoll the virtues and necessity for increased use of fluorides in community water supplies. However, it is the public that must be made aware of this fact and be convinced, as strongly as are the dental profession and some 25 national scientific societies and associations. With a vigorous promotion of fluoridation by the organized dental societies, the individual dentist, and all public health agencies, the quacks, charlatans, and other highly vocal antifluoridationists who are effectively hindering health progress, can be swept aside.

The result will be a saving for the people of this Nation, according to the Public Health Service estimates, of over \$450 million a year in unnecessary dental bills, and a greatly increased measure of protection from dental caries for over 80 million people living in communities where fluoridation is practicable. This is not to mention the huge contribution that this expanded fluoridation would make toward alleviating the great coming dental shortage. Here is where the crash program is need-

### **Auxiliary Personnel**

Furthermore, the expanded use of auxiliary personnel such as assistants, dental hygienists, and laboratory technicians can substantially increase the productivity of the individual dentist and the capacity of his practice. In a survey of dental practice conducted by the American Dental Association in 1958, it was found that the average dental practitioner who was aided by two full-time dental assistants, had an increased productivity of 40 per cent above that of the practitioner using only one full-time employee! Yet, today, 20 per cent of the practicing dentists of the United States use no auxiliary personnel at all and of the approximately 80 per cent who do, most have only one dental assist-. ant; of these, a significant number are part-time personnel!

With the dental profession's acceptance of increased use of auxiliary personnel, and expanding facilities for training these people (at a vastly more reasonable cost than building 23 new dental schools), and eliminating certain legal barriers to the better use of these personnel, dentist office capacity would again be greatly increased.

Recent experimental reports on the nature of tooth decay are of such an optimistic nature that it appears probable that dental caries will be immeasurably reduced, if not virtually eliminated, in ten or fifteen years. Further, research is making it apparent that the future of dentistry lies less in restorative functions and more in the realm of preventive medicine. I ask again, will we need 70 dental schools in 10 years?

The greatest problem contributing to any dentist shortage today is the State Board Examining and Licensure system presently being used by the 50 states, Puerto Rico and the District of Columbia. This is an archaic and undemocratic licensure system based upon educational precepts, standards, and conditions in vogue 100 years ago and long since changed! The system, created originally to protect the public interest and welfare, has now been adopted by too many State Dental Boards for purposes opposed to the public welfare.

The Federal Constitution granted the states the police power for licensure of dentists. Does this mean, however, that state examining boards are granted license to abuse this constitutional power? I

fear that in this instance, the power to police has become a weapon to perpetuate economic dental dictatorships! The various State Boards of Dental Examiners, in restricting the numbers of dentists permitted to practice within their states to the point where they are satisfied with proper dentist-population-purchasing-power ratios, are acting in restraint of trade, not to mention denying the basic human right of a professional man to earn a livelihood for his family and himself. And what of the denial of rights of the people to the full measure of benefit which can be accorded them by modern dental services?

#### **Dentists Restricted**

Any present shortage of dentists, and any shortages which could conceivably develop in the future, are to a great measure forced upon the Nation and the dental profession by the action of various State Boards of Dental Examiners! Is there a shortage of dentists in Cincinnati, Philadelphia, Boston, Newark, Baltimore, Minneapolis, Chicago, Peoria or Des Moines? No, there is an oversupply! Is there a shortage of dentists in St. Louis, New York, Columbus, Indianapolis, Saint Paul, Cleveland, Milwaukee, Louisville, Providence and Buffalo? No, there is an oversupply! In these and in hundreds of other communities there are many thousands of dentists who have had the doors closed in their faces by Boards acting in behalf of states whose people desperately need additional dental services! Thousands of dentists have been and continue to be forced to settle and practice in communities and areas already saturated with dental practitioners.

The problem is not essentially a shortage of numbers of dentists but an artificially created improper dentist distribution. With the continued practice of economdental dictatorship, where would these additional 2800 annual graduates finally settle, or be permitted to settle?

It is unthinkable to expect the Federal government to supply funds for dental education and dental school building and permit the separate State Boards of Dental Examiners to continue their undemocratic dental examining practices! To provide Federal funds ostensibly for purposes which accord benefits to all citizens and then have various State Dental Boards operate in a manner which deprives the people of these benefits, would be unconscionable. Before any Federal funds are to be used for building even one additional dental school. steps must be taken toward correcting this archaic and undemocratic system of dental licensure!

It is a paradox that the organized dental societies of a profession which professes such faith in the principle of competition, so that the patient always has his free choice of dentist, should support State Boards which stifle competition and encourage monopoly.

Progress in dental education and maintaining and increasing the quality of dental services for the people of our Nation can and must be had! But worshipping ratios and crash building programs is not necessary to accomplish these ends.

Evergreen Park Manor, F-3 Philadelphia 15, Pennsylvania

### **GRANTS-IN-AID FOR DENTAL HEALTH**

"It is believed that the Federal Grants-in-Aid program is not consistent with the literal interpretation of the Constitution of the United States. . It is believed that this Grants-in-Aid program castigates the sovereignty of state governments by making state administrative organizations into mere agencies for carrying out Federal policy. It is our opinion that such a policy as the American Dental Association presently supports will lead to higher taxation and more welfare statism. We believe the financing and thus the control of public health programs should be in the hands of the people 'back home' to assure decentralization of authority and direct responsibility."-Panhandle District Dental Society (Texas).

## Practice Administration Thought-Provokers

By CHARLES L. LAPP, PhD, and JOHN W. BOWYER, JR, DBA\*

### A Thought For Wives of Dentists

A dentist's wife who walks into her husband's office and acts like she's royalty and his patients are just peasants she must tolerate will not assist her husband in building his practice.

Socially, too, she can be an asset to her husband or a detriment. If she acts too confident and dominant over her husband, she will create an impression of superiority. She makes her point, but perhaps too well. People may react with the thought, "If a man cannot manage his own wife, how can he manage his own practice, particularly if he employs a number of dental assistants?"

A wife can help her husband in his profession if she has tact, charm, good sense, and is a good listener.

A sincere interest in her husband's future is fine but she must realize her husband's abilities and capacities and not push him beyond them in a quest for more money and a better social position.

There is probably a lot of truth in the time-worn cliche "Behind every successful man there is a woman."

### **Ways to Avoid Underpayment Penalties**

A 6 per cent penalty may result if installment payments on your Federal Income Tax do not come close enough to reflecting actual 1961 income—even though the difference is made up when you file your yearend tax return. Underpayment penalties are not risked if you:

 Use your last income tax figure as your estimated tax figure for the following year and pay one-fourth for each installment.

(2) As you have additional dependency exemptions you can take them into account, thus lowering your quarterly payments.

### A Fallacy Often Expressed

"Success in investing is just a matter of good luck," is a fallacy you

<sup>\*</sup>Doctor Lapp is Professor of Marketing; Doctor Bowyer is Professor of Finance, Washington University. Doctor Lapp has recently returned from a round-the-world speaking tour of three months.



often hear expressed. Yes, any single transaction, possibly even a few in a row may be luck. However, investing that is successful consistently over a period of time is a result of hard work in getting information before taking action.

### "The Perfect Secretary"

Even though you, as a dental assistant, are more than a secretary to your dentist you do have the usual secretarial duties to perform. In respect to such secretarial duties you might find helpful the thirty-two page booklet, entitled, THE PERFECT SECRETARY, written by Lucy Graves Mayo, available for 25 cents from Eaton Paper Corporation, Pittsfield, Massachusetts.

### **Money Management Booklets**

Five booklets, describing simple ways for people to handle their personal finances are available free from: Bankers Trust Company, 16 Wall Street, New York 15, New York.

### The New Approach to Investing

One of the real problems of every professional man is to have the funds to:

- · pay current living expenses
- · maintain a life insurance program
- · save for retirement and education of children

and at the same time, protect himself against inflation. Recently, a unique program came to our attention through an article in the September 1959 issue of Oral Hygiene entitled, A Tailor-Made Estate PLAN. We went to Chicago and investigated the plan and found it unorthodox but a useful plan for professional men. We would suggest that you re-read this article or send to us for a reprint. After reading it, if you have more questions, do not hesitate to write to Practice Administration Thought-Provokers, ORAL HYGIENE, 708 Church Street, Evanston, Illinois. (Please enclose postage for personal reply.)

### Insurance Dividends at Interest

Recently we surveyed a group of dentists and asked how many let their dividends on life insurance policies accumulate. Of the 53 dentists questioned, every one said that he did and only one of them declared the interest on these policy dividend accumulations on his income tax return. Most of them said it had not occurred to them. The tax penalties on this interest would be rather small if ever discovered by an Internal Revenue agent, but the act itself might result in further investigation and the disallowance of other expenses. The Internal Revenue Service is now making a drive on interest and dividend income and it would be wise to declare this income if you have not been doing so in the past.

### The "No-Load" Mutual Funds

A recent survey of mutual fund share-holders by the National Association of Investment Companies showed that about 90 per cent of the share-holders purchased fund shares which included a load charge or a sales commission of between 6 to 9 per cent, as contrasted with the remainder who purchased shares in no-load funds. The no-load funds seemingly are not well known, but many have excellent management and some are among the oldest mutual funds in existence. If you would like to know more about these no-load charges, write to Practice Administration Thought-Provokers and we will send you a list of some of the larger ones.

### **How to Borrow Money**

Each of us borrows money for one reason or another at various times in our lives. Here are some simple rules that may save you some money.

- Go to the bank where you are known and have your deposit.
   Tell the banker what you want the money for, for how long, and how and when you expect to repay him.
- Inquire about the interest rate, the term of the loan, other costs such as closing and related costs.

4. Do not sign blank notes, or other contracts, and before you sign be sure you understand exactly what rate you are paying for your money.

#### **Audio-Analgesia**

According to the audio-analgesia co-discoverers, Doctors Wallace J. Gardner and Joseph C. Licklider, the following results were obtained in working on more than 5000 sonic-anesthetized patients:

-Nearly 55 per cent of the patients, all of whom had previously required or requested conventional drugs, found audio-analgesia fully

effective.

-Another 25 per cent felt some small pain or pressure while under "sound-sleep," but not enough to need local anesthetics.

-Ten per cent found the "sonic-thesia" treatment less than adequate.

#### **Analysis of Dental Fees**

At a recent meeting of the Ohio Academy of Practice Administration, one of the study groups was assigned the topic of analysis of dental fees. The formula proposed by this group for setting fees was:

Overhead Costs + Skill + Materials + Laboratory Costs + Time

+ Difficulty + Your Fee = Total Fee

A simplified version of this formula would be:

Overhead Costs + Variable Costs × Specified Percentage for Difficulty and Skill = Your Fee

The Overhead Costs would include such things as:

- 1. Office rent
- 2. Office salaries
- 3. Miscellaneous utilities

Variable Costs are:

- 1. Your basic fee per hour
- 2. Percentage increase for skill and difficulty
- 3. Materials used
- 4. Laboratory costs

The study group stated that the average dentist practices about 1500 hours per year and his costs represent roughly 50 per cent of income.

Washington University

St. Louis, Missouri

The technique described

here minimizes delays,

irritations, and failure

in crown construction.

The Dentist

at Work:

Original Wax Bite For Dies

PART 13

By CHESTER J. HENSCHEL, DDS\* Accurate seating of dies in a bite related to opposing teeth is a basic problem in crown construction for full coverage of teeth. A new self-rebasing wax technique is proposed that has proved to be as precise as the best and quicker than methods of comparable accuracy.

The popular wax and resin paste bite procedures have many weaknesses and are used with a varying degree of satisfaction. Rebasing wax with wax or resin paste improves accuracy. However, faulty seating of a die, which is not exceptional, results in incorrect occlusion, improper marginal ridge levels, and poor contact points.

While speed should not be a factor in striving for precision, time is important in a busy practice. Often the preparation, impression, and protective shell (temporary crown), take the entire appointment. The next patient may be ready for treatment and is possibly impatient. Marking time for three or five minutes while a resin paste hardens can be an annoying delay, especially if unnecessary. Rebasing a wax bite with

<sup>\*</sup>Doctor Henschel, author of this practical series, is Head of the Department of Operative Dentistry at Sydenham Hospital, New York. He is a member of the International Association of Dental Research and the American Association for the Advancement of Science.

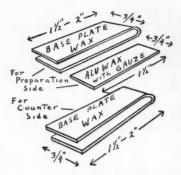


Fig. 1—Schematic drawing of wax strips used in self-rebased bite and counter impressions. Aluwax is used only over preparations.

Fig. 2—Adapting wax wafer to work jaw or to counter teeth. Technique is identical except that Aluwax is used only against prepared teeth. Note that the fingers are used to press and adapt wax on the facial, lingual, and occlusal surfaces. Also that the impressions of counter teeth are shallow.

wax is fast, but improper closure can spoil the entire bite and it must be begun all over again. The original method now described minimizes these delays, irritations, and failures.

THE TECHNIQUE: The materials are pink baseplate wax and sheet Aluwax® containing gauze. The idea is to utilize hydraulics so that the stiffer working baseplate wax forces and carries the softer



Aluwax into deep recesses. Besides an accurate registration of the preparation, we want it related to adjacent and opposing teeth with as little distortion as possible.

Cut three strips of wax—two of pink baseplate %" wide and 3" to 4" long, and one of Aluwax with gauze %" wide and 1%" long. More or less at the same time, soften one pink and the shorter Aluwax strip over a flame. Double up the pink, center the Aluwax on one side of

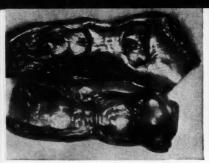


Fig. 3—Tooth side of upper and lower wax shells removed for illustration. Normally the shells are not removed separately but are freed in one piece, held together in closure.



Fig. 4—Upper and lower wax shell bite as it usually appears on removal from mouth.



Fig. 5—Wax shell strengthened by adding soft plaster to facial and lingual outer surfaces.



Fig. 6—Tapered dies seated and waxed in place in bite. The counter has been run already and is set, the outer sides of the shell have been stiffened with plaster and the wax chilled hard by immersion in cold water.

the pink wafer and resoften the Aluwax side of the now three-layer thick sandwich (Figure 1).

Position the wax over the teeth with the Aluwax centered and next to the tooth preparation. Press down on the occlusal, facial, and lingual surfaces with the fingers, have the patient close tight, open, readapt with finger pressure,

close, open, repeat. Leave it in place; do not remove (Figure 2).

Soften the second strip of pink wax, double it, resoften and adapt it to the opposing teeth. When adapted to the occlusal, facial and lingual, have the patient close the teeth tight, squeezing the two wax shells together. (It is best to have the patient practice closing cor-

rectly before any wax is applied to the teeth.) Chill and remove the entire bite in one piece (Figures 3 and 4). Usually the upper and lower wax shells adhere to each other, but if not, lute with a hot spatula.

This upper and lower wax shell bite is thin, delicate, and requires reinforcement. Strengthen by applying a little soft plaster on the facial and lingual outer aspects before running up the counter (Figure 5). Do not try to position the die(s) until the counter has set hard and the entire mass soaked in cold water to chill and stiffen. Seat the tapered die(s) and wax to place. Lubricate and run up working model (Figure 6).

#### THE FACTS ABOUT HYPNOSIS

- 1. A hypnotized person can never be a slave of the hypnotist.
- A hypnotized person, even though in trance, is not unconscious or asleep.
- 3. A person of above average intelligence makes the best hypnotic subject.
- 4. There are no dangers from hypnosis in the hands of qualified dentists and physicians.
  - 5. Hypnosis is not habit forming.

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- 6. A hypnotized person will tell no secrets which he wishes to retain.
- 7. A patient will awaken from trance quickly and easily.
- 8. A hypnotized person can come out of trance any time he wishes.
- 9. There are no aftereffects from hypnosis as there are from chemical anesthetics.
  - 10. It removes fear of and apprehension for the hypodermic needle.
- 11. By the use of hypnosis, anesthesia of teeth and gums can often be obtained without the use of drugs.
- 12. Even under the light stage of hypnosis, fear and dread of future appointments can almost always be eliminated.
- 13. By the use of hypnosis, the amount of drugs or medication can be cut to half or one-fourth the amount ordinarily used.—GARLAND H. FROSS, DDS, Journal of the American Institute of Hypnosis.

#### MILITARY PREPAREDNESS AND THE DENTAL PROFESSION

BEFORE THE end of the year some dentists will be called from their practices to enter military service. The demands from the armed forces probably cannot be met by the recent graduates alone. Reserve officers in the younger ages, in the lower commissioned grades, and those with short tours of active duty, will likely be the first called. Some practices and some families will be disrupted.

The President has made it plain that he expects to activate some reserve units, call out some National Guard groups, and double or triple the monthly draft calls. For every 1000 men placed on active duty two dental officers will be required. A military establishment of one million men requires 2000 dental officers. Each year about 3000 dentists graduate and are required to replace the dentists lost by retirement and death, fill the needs of an expanding population, and supply the demands of the armed forces.

During the present peril, not only will practices and families be disturbed, but some communities may be left without adequate dental care. The military establishment is noted for lack of sentiment and concern about the needs of the civilian population. If the procurement of dentists for the expanding armed forces is the exclusive prerogative of the military, we may be sure that injustices will be done and orders to active duty will be issued without regard to family circumstances or community health needs. It is necessary, therefore, that some civilian advisory agency be established under the direction of the American Dental Association to help direct the procurement and assignment of dental officers during this peacetime emergency. Such an agency has functioned in the past during peacetime with generally favorable results. During actual war, of course, such a civilian advisory group is unnecessary.

Despite the admirable speeches in the Congress on the need to curtail Federal nonmilitary spending, despite a hoped-for balanced budget,

we should prepare ourselves for increased taxes. The military preparations that are required to impress and contain the Communists will require more, rather than less, Federal spending in the future. We may expect tightening in present tax regulations and the need for new taxes. We should also consider the possibility of price and commodity controls, particularly if there are signs of hysteria-buying or needless stockpiling. Panic is one thing we can do without.

Another significant change in the executive branch of the Federal government is the transfer of civil defense activities to the Department of Defense. Our civil defense has been substantially on "paper" and a voluntary effort that most of us civilian dentists have ignored. We have been quite indifferent to the subject and to the threat implied. Some people have taken the fatalistic position that little could be done to protect the civilian population under a nuclear attack. This is an absurd

and foolhardy view.

In the case of actual war, civilian dentists would be required to help in the care of casualties. There are not enough physicians available. Dentists would not be asked to participate; they would be ordered to do so by the military authority of the Department of Defense. The dental profession can show statesmanship and an awareness of the Communist peril if it begins at once to organize and train dentists to help our medical colleagues in the care of civilian casualties that would result from a nuclear attack.

The present state of international affairs should convince us that the Communists plan to destroy us unless we show a vigor and a dedication sufficient to protect our form of life and government.

Educary Ayan



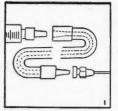
## TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

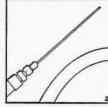
### Construction of an Intravenous Tubing Set—an Aid in Sialography

By CHARLES M. HYDER, DDS

Drawings by Dorothy Sterling



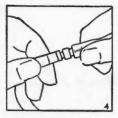
To one end of a 12" length of polyethylene tubing, attach a female fitting for the syringe; on the other, a male fitting for the hub of the needle.



Select a 2" blunted needle of appropriate gauge (21-25). Attach it to the male fitting.



Insert the needle into the salivary duct from ½" to 1" (or more, depending on the gland and obstruction).



Attach syringe containing the radiopaque medium to the other end of the hose. Inject solution. Amount used depends on the gland involved. (Measure after all air has been replaced, and solution fills tube down to hub of needle.)



When the gland has been properly filled, clamp off the tubing with a hemostat to prevent back-flow. Make roentgenograms. There is usually time to retake if necessary before removing hemostat and releasing pressure.



If you wish, you may use a fine lumen polyethylene tubing with a needle inserted into the tubing at one end and a blunted 3" needle (with hub removed) inserted into the other. (This is the end that is threaded into the salivary duct.)



# Lavoris mouthwash helps you work 3 important ways...

1. "Cuts" Mucus Film. A rinse with full-strength Lavoris before an impression helps clear away mucus, prevents air bubbles. Many dentists now use Lavoris this way routinely.

2. Keeps Operative Area Cleaner. Lavoris' unique cleansing action effectively and thoroughly cleans away mucus, food particles and impurities. Use Lavoris Spray ½ strength or stronger. (Wouldn't you rather work in a Lavoris-clean mouth?)

3. Helps Promote Patient Comfort. To nervous patients, even minor discomforts loom large. The pleasant taste and feel of Lavoris refreshes, helps keep them at ease. The bright red color of Lavoris helps mask minor hemorrhage.

AVORIS

CLEANSING . REFRESHING

used by more dentists than any other mouthwash!

PROFESSIONAL GALLON SIZE, ONLY \$2.50 Send check to LAVORIS, VICK Chemical Co., Division of Richardson-Merrell inc., Box 8155, Phila., Pa. Samples for office and patient use available on request.



### Ask Oral Hygiene



Please send all correspondence for this department to: The Editor, Ask Oral Hygiene, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

Reciprocity

Q.—Regarding the booklet Re-QUIREMENTS AND REGISTRATION DA-TA as mentioned in ASK ORAL Hy-GIENE in relation to reciprocity; where can I secure a copy?

Does the booklet go into any details over and above what you print-

ed?

Also who, in any of these states mentioned, could give full details of the Dental Practice Act for that state? —S.A.K., Pennsylvania

A.—For full details of the dental practice act, reciprocity of states, names and addresses of secretaries of State Board Examiners and other pertinent information, I would suggest that you write to the American Dental Association, 222 East Superior Street, Chicago 11, Illinois, requesting their 1960 booklet entitled Facts About States For The Dentists Seeking A Location. In addition, you may obtain the booklet Requirements And Registration Data from the same source.

#### Sclerosis

Q.—Following a routine X-ray examination I found the upper right central without a canal.

The tooth has normal color and is non-sensitive to heat or cold. The patient can give no history of a blow to this tooth.

The patient is 26 years old and in excellent health. There are no cavities and only 2 small restorations in his mouth.

How can a tooth erupt without a blood or nerve supply? I can't explain this to my patient. Will you help me? —J.H.B., Ohio

A.—I would suggest that the absence of vitality in this tooth is due to a sclerosis of the pulp. In a patient 26 years old, it would be my opinion that the sclerosis resulted from pulpal irritation secondary to trauma. I would do nothing to upset the current status, except to check the tooth periodically. If the sclerosis is complete and no infection accompanies the contributory irritation, I would guess that Nature has sealed the canal.

#### **Loose Dentures**

Q.—Last year I extracted the remaining upper teeth, including one molar, of a man in his late sixties. A month later a well-fitted acrylic denture was made. Within a month the (Continued on page 78)

74 ORAL HYGIENE . OCTOBER 1961







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#### in dentistry too!

for surgery, x-ray and extraction you must be on your feet...for countless other operations you get better visibility, leverage and freedom of movement when you work standing

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# HOW TO AVOID

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## NEW DENTURE PATIENTS



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Now, when you recommend Wernet's you can offer your patients a choice based on individual preference —Wernet's Powder or Wernet's Adhesive Cream. Whichever they select, you may be confident it is a product of highest quality, ethically presented, professionally accepted.

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## WERNET'S POWDER WERNET'S ADHESIVE CREAM

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Recommended by more dentists than any other denture adhesive.

BLOCK DRUG COMPANY, INC. 105 Academy Street, Jersey City 2, N. J. QUALITY PRODUCTS FOR DENTAL HEALTH denture had loosened. Self-curing acrylic was used to determine and correct the deficient areas. However, the denture continued to loosen.

Now, after two relines and finally a new denture, it continues to loosen after a good correction in three or four weeks.

There is not much tuberosity bulk on either side; the ridge does not appear unusual, and the soft tissues are rigid, not flabby in the least.

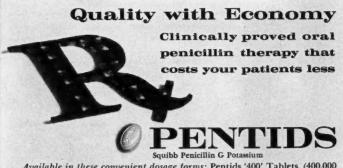
Since it is now one year after the final extractions, and the denture still loosens, I am at a loss for a solution to this perplexing problem.

I do hope you can tell me how to make a more permanent fitting denture for this man.—M.F.R., Illinois

A.—Judging from your information I assume that this patient has natural lower teeth which are exerting too great a force upon the upper denture; thus the occlusion probably should be neutralized to minimize too forceful a bite.

The buccal cusps of all the posteriors and the disto-buccal cusps of the last molars on the denture should be ground so that these areas do not make contact on closure or in functional closure. In addition, the anterior teeth of the denture should not strike the lower natural teeth on closure and in protrusion. When the anterior teeth are edge to edge, there should be a simultaneous contact on the left and right posteriors in order to provide the widest distribution of forces. The patient should be advised not to use too much vigor in the process of chewing.

(Continued on page 80)



Available in these convenient dosage forms: Pentids '400' Tablets (400,000 u.) • Pentids '400' for Syrup (400,000 u. per 5 cc. when prepared) • Pentids Tablets (200,000 u.) • Pentids for Syrup (200,000 u. per 5 cc. when prepared) • Pentid-Sulfas Tablets (200,000 u. with 0.5 Gm. triple sulfas) • Pentid-Sulfas for Syrup (200,000 u. with 0.5 Gm. triple sulfas per 5 cc. when prepared) • Pentids Capsules (200,000 u.) • Pentids Soluble Tablets (200,000 u.)

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- Smooth operation guarantees you more patients per day . . . with less fatigue.
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CRAIG-MARTIN Tooth Paste has been recommended for years. It is a combination of safe polishing agents, cleansing agents and Magnesium Hydroxide—the active ingredient of Milk of Magnesia. Dentists have found that brushing with CRAIG-MARTIN helps to remove odor-causing material and food particles and sugar residues that lead to tooth decay. Deliciously flavored.



#### **Allergic Reaction**

Q.—Is it possible for patients to build up an allergic sensitivity to procaine after repeated injections? If so, what are the symptoms, and what is the treatment?—H.B., Pennsylvania

A.—I do not believe that repeated procaine injections have any bearing on the development of sensitivity. The predisposition to allergic reactions is with the patient. Of course, such a predisposed patient may not show any reactions from the first injection which will serve as the sensitizing dose, and will react to the subsequent shots.

These reactions can vary from swollen lips, swollen eyelids (angioneurotic edema), gastro-intestinal upset, urticaria (hives), asthmatic symptoms or even to a fatal or near fatal anaphylactoid reaction.

An emergency armamentarium should include:

- 1. 1:1000 adrenalin
- 2. Cortisone
- Caffeine citrate
- 4. Antihistamine

These should be held in readiness for special emergency.

#### Hyperplasia

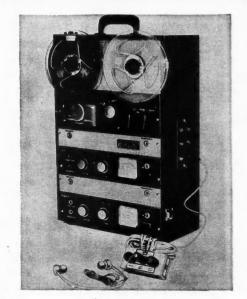
Q.—My problem concerns an edentulous woman patient, age 30. She has worn a full upper denture since 1955. It fits well, is kept scrupulously clean, and has good esthetics. This patient takes dilantin sodium regularly as she has epilepsy.

About six months ago, the denture was rather loose, as a result of adhesion-like growths of soft tissue around the periphery of the denture. I removed these surgically and relined the denture at that time. Now it seems that the same condition has recurred.

(Continued on page 82)

WHY do dentists have a higher mortality rate than medical doctors?

TENSION...caused by the reaction of patientsin-pain takes its toll on the dentist an average of 2,680 times a year! End it with





# Sonic-Thesia\*

Relaxes the patient—and the doctor!

The world-famous Roberts 990S tape recorder reproduces scientifically engineered pain-blocking music and white sound that tests prove relax patients, permit the dentist to work without time-consuming, tension-building delays. You can handle more patients—painlessly with Roberts' Sonic-Thesia.

UP TO SIX DENTAL CHAIRS can be served simultaneously. Each additional operatory can be white-sound equipped for only \$44.50. Under-the-chin stethoscope ear plugs allow freedom of head movement for the patient and simple lap control of white sound. For sanitary reasons, foam rubber earcups are replaceable.

Sonic-Thesia equipment can be used to pipe music into waiting rooms and office...and professional stereo 990S tape recorder is portable and an invaluable aid at conventions, lectures, seminars, demonstrations, and in the home.

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**R2** ORAL HYGIENE • OCTOBER 1961

Is there any similar case recorded in the literature? Do you have any suggestions for treatment of this problem?—R.M.S., Connecticut

A.—I am assuming that your 30-year-old patient has an edentulous upper jaw with natural teeth present in the lower jaw. It is well known that dilantin sodium will create an inflammatory hyperplasia in the gingivae, as well as all the oral mucosa, especially if some stress imparting mechanism is present.

Such stress agents can be calculus (with teeth present), abnormal occlusal stress bearing areas thus contributing to ill fitting dentures and mucosal irritation. Of course, this inflammatory hyperplasia occurs in people who are not taking dilantin sodium. However, it is safe to assume that whatever will occur in a mouth of a non-dilantin sodium patient will occur faster and more profoundly in those who take this drug, with the same contributory stress factors.

I would suggest that you arrange the teeth of the upper denture so that the anteriors remain out of contact when the posterior teeth are in occlusion. Naturally, any adjustment of the dentures which will relieve excessive stress on the tissues under the denture should result in an inhibition of the hyperplastic growth.

#### **Excessive Dryness**

Q.—My wife, who has been wearing full dentures for years, has been complaining the last few months that her mouth becomes extremely dry at night, so much so that her lips adhere to the dentures. She does not com-

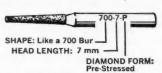
(Continued on page 84)

# the new Diamond design-concept that adds precision & Cafety to all air turbine handpieces

Dentists everywhere are saying "It's the greatest improvement ever in Diamond Instruments" . . . and only Starlite has it! . Now you select the exact Starlite Pre-Stressed Diamond for every air turbine requirement . . . for every tooth-size and crown-length, Improves access! Establishes exact shoulders! Excavates to predetermined depth! Helps eliminate undercuts and over-extension! . Sketches below show how Dentometric Dimension increases mastery over your air turbine handpiece.



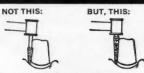
One of 27 new Starlite Dentometric Series of diamonds with head-shape and diameter of conventional burs.



New Starlite Dentometric Numbers now engraved on friction grip shanks, as shown. Helps you select the diameter and length you require.



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Please send me full information about new Starlite Pre-Stressed Diamonds with Dentometric Dimension.

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plain of this condition in day time.

This condition evidently is due to a stoppage of flow of saliva at night. Will you please let me know the cause and the remedy?—C.J.A., Loui-

A.—If the dentures fulfill all the requirements for fit, bite and general usefulness, I would suggest that the problem here is metabolic—possibly menopausal. I would recommend a medical consultation to help alleviate this problem.

#### Questions That Dentists Ask Frequently

Emergencies In the Dental Office: While emergencies occur rarely in the dental chair, it is wise to be prepared for those that do. The old adage, "an ounce of prevention is worth a pound of cure" can spare a dentist the anxiety that accompanies that occasional emergency.

How can we best prepare ourselves to meet these emergencies? A sound knowledge of the patient's medical history is the first line of defense. Information concerning previous dental experiences, response to drugs and local anesthetics as well as allergic responses, should be noted. A special consideration should be given to observing patients who are asthmatic and are known to be sensitive to certain drugs, those who suffer cardiorespiratory difficulties, or who are known to be under treatment for these conditions. Where this is the case, close cooperation should be established

(Continued on page 86)

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Simple One Bottle—One Operation method saves time, trouble, money! Give your dental handpiece and contra angle complete Stera-Oil care. It cleans, lubricates, inhibits rust, prolongs handpiece life, helps keep handpiece sanitary...at a surprisingly low cost. ORDER FROM YOUR DEALER TODAY.

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PERFECTED WITH INDEPENDENT TECHNICAL AND CHAIR-SIDE RESEARCH

Out of laboratory and clinical research has come a totally new type of toothbrush—the Pro Double Duty. The Double Duty "brings to life" what was previously only an objective in toothbrush design. It offers

- 1. Thorough cleansing of all tooth surfaces.
- 2. Completely safe and effective gingival brushing.

The Pro Double Duty Toothbrush is unique in combining both firm and gentle bristles in a scientifically established pattern in the same brush head. Two rows of firm center bristles scrub and sweep both occlusal and vertical tooth surfaces, while an outside row of gentle bristles brushes gingivae safely, efficiently. Soft outside bristles form a safety shield for the harder inside rows. Four variations available in stores: (1) All-nylon adult, in regular or medium length head. (2) Nylon-natural combination. (3) All-nylon Child's Brush. (4) Tote Double Duty (folding) with travel cover.

#### FOR OFFICE DEMONSTRATION!

12" Giant Size Double Duty Toothbrush to demonstrate proper brushing.

Pro-Phy-Lac-Tic Brush Company, Dept. D, Florence, Mass.

Please send me a 12" Double Duty Toothbrush. I enclose\_ check.

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DESIGNED TO MEET YOUR REQUIREMENTS!

Designed with your needs in mind...Buffalo Dental Vibrators are available in 2 sizes—VIBRATOR No. 2 (Illustrated) with 6" platform for heavy duty, trouble free service, Also available in compact No. 1 Vibrator with a 4" platform (only 4" high) for smaller models, impression trays and inlay flasks. Ask your dealer...or write for complete details.

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Dividends paid quarterly • Withdrawals paid on demand since charter granted in 1937 • Accounts are legal investments for corporation and trust funds • Funds received by 10th of month earn from 1st • Over \$16 million reserves • Assets over \$183 million • All accounts insured up to \$10,000 by F.S.L.I.C. • We pay postage both ways.

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with a medical consultant and proper supportive measures taken to insure the safety of the patient.

In recent years an increased knowledge of patients' allergic reactions has developed. When obtaining the initial history special attention should be given to the drug to which the patient is sensitized. Signs of a mild allergic reaction are urticaria-wheals and rash, and angioneurotic edema. A severe reaction results in a sudden shock state with asthmatic respiration, bronchospasm, and circulatory failure. In the treatment of a mild reaction, antihistamines are used and the patient is warned regarding the significance of the reaction. When the reaction is severe, general immediate supportive resuscitation measures are taken. The second step involves subcutaneous injection of 1:1000 (0.2 to 0.5 cc) epinephrine. Finally, 100 mg of hydrocortisone may be injected intravenously.

#### Syncope

The most common emergency in the dental office is that of syncope or fainting. The psychomotor response of fainting is a transient form of neurogenic shock produced by cerebral ischemia. Since fear, the sight of a needle, or the sight of blood, and a distressed feeling on the part of the patient can trigger syncope, this type of reaction can be eliminated in many cases if the operator has a sympathetic understanding of the problem and uses his ability to gain the patient's confidence. The use of a topical anesthetic can be

(Continued on page 88)

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instrumental in reducing fear. However, sharp needles and a slow rate of injection will reduce most painful stimuli. A sudden movement by the patient and a lack of alertness on the part of the dentist are usually responsible for the rare occasions of needle breakage. The manufacture of disposable needles has reduced the incidence of needle breakage.

The signs of syncope the dentist should be aware of are skin pallor, cold moist skin, weak thready pulse, nausea, loss of consciousness with eyes rolled up, and possible mild brief convulsions. The treatment for syncope is immediate posturing of the patient in a supine position with the head lowered and with clear airways. This is known as Trendlenburg's position. Many dentists have the patient place the head between the knees when he feels faint. Although this method is often effective, it is a more desirable practice to place the patient in a reclining position so that the dentist can observe the patient's color and secure a clearer airway especially if the patient is obese. Aromatic spirits of ammonia are administered and a cold towel applied to the upper part of the face. The collar and neckwear should be loosened and the legs elevated.

Regardless of the cause of collapse, whether it is syncope from fear, hypoxia from gas anesthesia, reaction to local anesthetic, heart attack, stroke, or epileptic seizure, the initial most important measures are the same. The body is

(Continued on page 90)

22 ORAL HYGIENE • OCTOBER 1961

#### Valuable topical therapy in dental practice

#### **KENALOG IN ORABASE**

Squibb Triamcinolone Acetonide in Emollient Dental Paste For prompt, soothing relief of inflammation, ulceration, and pain in acute and chronic oral lesions. Prolonged beneficial effect due to the unique adhesive properties of Orabase. No systemic effects have been observed.



Squibb Denture Adhesive Powder For smooth, comfortable, prolonged adhesion of dentures.



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#### Valuable systemic therapy in dental practice

#### MYSTECLIN-F

Squibb Phosphate-Potentiated Tetracycline with Amphotericin B (Fungizone) For combined antimicrobial-antifungal activity. Because it contains tetracycline, it combats a broad range of organisms assures effective therapy of mixed infections. The Fungizone component aids in preventing monilial complications.

#### **CHEMIPEN**

Squibb Potassium Phenethicillin

A chemically improved penicillin active against streptococci, pneumococci, and many staphylococci.

Supply: Kenalog in Orabase - 5 Gm. tubes, with each Semproviding 1 mg. Squibb Triamcinolone Acetonide.

Grahesive — Bottles of 25 Gm., with shaker top.

Mysteclin-F Capsules — 250 mg. tetracycline phosphate complex (HCl equiv.) and 50 mg. amphotericin B (Fungizone). Bottles of 16 and 100. Chemipen Tablets -Compressed, uncoated, scored yellow tablets of 125 mg. (200,000 units) and 250 mg. (400,000 units). Both potencies are supplied in bottles of 24 and 100.



Squibb Quality — The Priceless Ingredient

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placed in a horizontal position with the head lower than the feet and direct artificial respiration is given. If a slow bounding or a rapid weak pulse is observed and breathing becomes feeble or absent, direct artificial respiration should be started immediately. This may be administered with resuscitation equipment or by mouth-to-mouth technique by the

dentist. In the latter method, the use of an airway device can make the method more acceptable to the dentist.

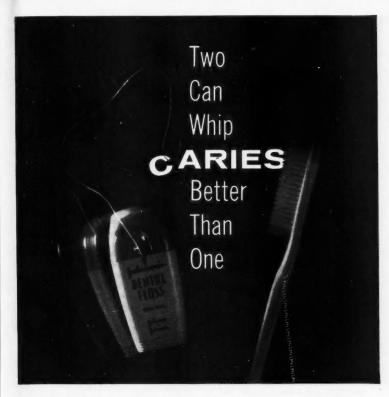
The value of a medical history should not be underestimated since it often discloses valuable information concerning patient reaction. Where any difficulty is anticipated, it would be wise to have medical assistance available.

#### SO YOU KNOW SOMETHING ABOUT DENTISTRY!

#### ANSWERS TO QUIZ 205 (See page 55 for questions)

- Yes. (Collins, L. H., and Crane, M. P.: Internal Medicine in Dental Practice, Ed 5, Philadelphia, Lea & Febiger, 1960, page 179)
- True. (Appleby, B. P.: A Study of Premenstrual Tension in General Practice, British M. J. 1:391 February 6, 1960)
- (b). (Swartz, M. L., and Phillips, R. W.: In Vitro Studies on the Marginal Leakage of Restorative Materials, JADA 62:143 February 1961)
- Yes. (Collett, H. A.: The Incisal Relationship, DENTAL DIGEST 67:19 January 1960)
- (b). (Ardram, G. M.: Bone Destruction not Demonstrated by Radiography. Brit. J. Radiology 24:107 February 1951)
- 6. True. (Landa, J. S.: Trouble Shooting in Complete Den-

- ture Prosthesis, J. Pros. Dent. 10:889 September-October 1960)
- (a). (Accepted Dental Remedies, 25th Edition, American Dental Association, 1960, page 62)
- Hermetic sealing of the margins. (Going, R. E.; Massler, Maury, and Dute, H. L.: Marginal Penetrations of Dental Restorations as Studied by Crystal Violet Dye and I <sup>131</sup>, JADA 61:21 September 1960)
- (a). (Peyton, F. A.: Temperature Rise and Cutting Efficiency of Rotating Instruments, New York D J 18:439 March 1952)
- Placing the modern packet in the mouth backward. (Sweet, A. Porter, S.: Radiodontic Pitfalls, Dental Radiography and Photography. 33:27, 1960)



Along with the toothbrush, most dentists now recognize dental floss as a valuable and effective aid in caries prevention.

Nine out of ten dentists questioned in a Fauchard Academy poll said they recommend floss or DENTOTAPE®, with 71% citing caries prevention as the principal reason. The dentists also recognized the need to instruct patients

in the proper use of dental floss. Three out of four said they handle this task themselves.

Because proper usage is so important, Johnson & Johnson now offers a free booklet, "How to Use Dental Floss." To get copies for your patients, mail the coupon.

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# DENTISTS in the News



#### **Jet Engineer Becomes Dentist**

An aeronautical engineer was among the top ten scorers out of 191 to pass the recent licensing examinations of the Ohio State Dental Board. He is Doctor Andrew L. Beke, of Cleveland. Ohio.

Doctor Beke received a degree in aeronautical engineering from Ohio State University in 1951. He joined the research staff of the National Advisory Committee for Aeronautics, which operated the Lewis Center, and which later became the National Aeronautics and Space Administration. For the next six years he worked on high and supersonic aircraft research. Then he decided he wanted to make a more individual effort in science, and felt he could do this better in the biologic or medical fields. In 1957 he enrolled in the Western Reserve University School of Dentistry, and is now serving a year's internship in oral surgery at the Metropolitan General Hospital, Cleveland.

Other Cleveland dentists who were rated among the top ten scorers in the licensing examinations are Doctors William T. Fisher and Clarence C. Bryk. – Cleveland (Ohio) Plain Dealer.

#### Treat San Blas Indians

Doctor James Sawyer of Benton, Arkansas, and his physician-companion, Doctor John Miller of Camden, Arkansas, spent two weeks in 1961 treating hundreds of San Blas Indians on nearly'a dozen islands along the coast of Panama. They worked as volunteer medical pioneers through the Southern Baptist Home Mission Board and the denomination's Brotherhood Commission. One paid his sown expenses; the other's were paid by his home church. This was a return visit for both of them, as they had worked together in 1959, covering some of the same territory they visited this trip.

The San Blas people have no hospitals or clinics, no medical or dental equipment. Doctor Sawyer saw from 50 to 75 patients a day. He had to use a simple, straight chair for seating his patients, and was able to do only extractions and minor surgery because of the lack of portable dental equipment. He and Doctor Miller were assisted by San Blas Indians, one of whom had studied in Oklahoma.

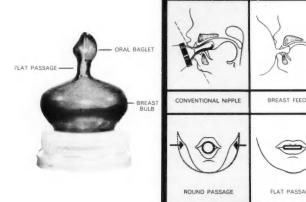
Why do two professional men give up time from their own practice to help the needy far from Arkansas? Doctor Miller put it this way: "For two reasons – first concern for the souls of the people, and second because there is a need for Americanism to be preached around the world."—Little Rock (Arkansas) Gazette.

### University Encourages Women Dentists

At Washington University's School of Dentistry, Saint Louis, Missouri, which has two women faculty members, one recent graduate, and two students, Dean Leroy Boling says he would like to have many more women among his 200 students. As for the women, they have weighed the advantages and disadvantages of be-

(Continued on page 93)





### THE R NUK S

Perverted swallowing and tongue habits . . . lack of jaw exercise . . . receding mandible . . . loose, flabby lips and undeveloped facial musculature are unhealthy conditions of infancy which can cause serious dental problems in later years. While not the only causes, improper nursing procedures that force the gulping of excess fluids and air are often the reasons for these conditions and the orthodontic prob-

lems that may result. / The Nuk Sauger Orthodontic Nipple, by requiring the child to assume the natural chewing and sucking movement of breast feeding, endourages nealthy tongue and muscle functions. This functional feature and the special anatomical form of the nipple help guide development of dental arches and oral structures toward orthodontically healthy relationships. / The Nuk Sauger Nipple is made of pure latex rubber for pliability and soft texture. The "baglet" is sucked into the child's mouth until it covers the oral cavity broadly and flatly, thereby preventing gulping of air. The "oral baglet" is sontoured to the inner anatomy of the mouth, fitting the

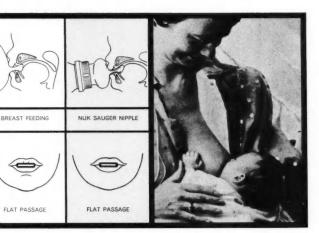
palate naturally. The inclined planes develop proper articulation of upper and lower jaws and dental ridges as the baby works the milk into its mouth. The child slowly assimilates the milk by chewing and sucking the fluid from the Nuk Sauger. It is impossible for the baby to drink-in a continuous milk supply by sucking. If the baby tries this, the lips and jaws produce a pressure on the "flat passage" which

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#### UK SAUGER ORTHODONTIC NIPPLE

closes off the milk supply. It is the swallowing action, accompanied by a dropping of the lower jaw and the withdrawal of the tongue, which makes the milk flow through the "passage" into the "baglet." Only by intermittent biting and sucking can the milk be transported from the bottle and the "breast bulb" into the "oral baglet" and then into the mouth. It is this imitative action of natural nursing that makes



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and oral desires, encourages healthy tongue habits, and helps the musculature, lower jaw and dental areas to develop naturally toward healthy relationships. Burping is reduced. Healthier muscle tone and facial structures are developed. / We are cooperating closely with your profession in this approach to early prevention and care and will welcome comments and requests for literature.

Tongue-thrusting...reverse swallowing...thumb-,finger-object-sucking... mouth breathing... protruding teeth ... and receding lower jaw have long concerned family dentists, pediatricians and parents. The increased interest in the Nuk Sauger Orthodontic Nursing Program, which has been developed to prevent some of these serious dental problems, has necessitated this special report.

Abouf 15 years ago, European Specialists, studying similarities of orthodontic problems among school children, concluded that... in addition to heredity... conventional nipples and unhealthy nursing procedures during the formative years were also causes of malocclusions. The study group designed a variety of nipples and habit preventing aids which, after modifications, developed into the orthodontic nipple and exercisers. As the pioneer and leading manufacturer for modern chrome alloy Orthodontics and Dentistry for Children, Rocky Mountain was chosen to test these improvements in the United States, to learn if they would be accepted, and to determine refinements necessary in America, etc.

Basically, the Nuk Sauger Orthodontic Nursing Program is a new concept, it presents a new bottle feeding technique which more authentically simulates breast-feeding and, at the same time, capitalizes on the natural desire to suck so as to offset the harmful effects of finger-sucking ... promote normal tongue and muscle habits ... induce healthier jaw and tooth positioning ... and effect early prevention and in some cases, simple therapy.

#### THE NUK SAUGER ORTHODONTIC EXERCISERS

AN



NORMAL SWALLOWING



NUK SAUGER EXERCISER



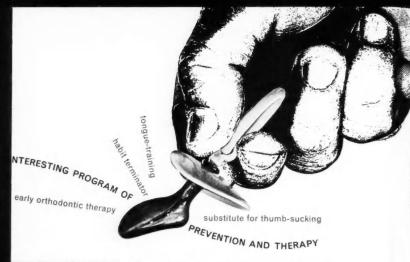
Very significant influences on a child's orthodontic development are the nursing procedures and the natural desire to suck on fingers and objects. Because an infant's bony structures are soft and easily misshapen, the slight, continuous pressures of finger- and object-sucking... as well as reverse swallowing and tongue-thrusting, which may originate with improper nursing procedures... can cause orthodontic de-

formities which may grow progressively more serious through the years. / As the child sucks and chews, the soft baglet collapses and then recovers, which gently massages oral structures toward desirable arch form. In addition, the inner convexity of the baglet "cups" the tongue in a normal palatal relationship, thus guiding the tongue towards healthy swallowing and movement patterns. The primary exerciser is used as a thumb and finger substitute. Although the larger Secondary Exerciser may be used as a thumb substitute if the smaller exerciser loses its challenge, or if the dentist or physician recommends it because the initial thumb-sucking phase seems to be continuing too long, it is usually used for therapy as follows. / "terminating" thumb- and fingersucking habits: When a sucking habit is advanced or has been renewed, the Secondary Exerciser can help the child "control" or "master" the habit. The child and the parents are fully informed about thumb-sucking-that it is a carryover of a natural developmental phase-that the Exerciser is to offset bad effects of thumb-sucking-and to serve as a reminder to help the youngster master the habit. The child is instructed to use the Exerciser instead of the thumb, at night, when at home, and when convenient to do so without embarrassment. While results will not always be positive. those who work conscientiously with this treatment say most youngsters will forget the habit or transfer to one of the healthier, more acceptable tension-relieving outlets suggested by the doctor. / training aid to correct reverse swallowing: Many muscles are used in split-second timing



X-ray photographs show how the Exerciser, used in early correction therapy, can guide oral development toward orthodontically healthy relationships.

ROCKY MOUNTAIN P.O. BOX 1887, DENVER 1, COLORADO . NEW YORK . SAN F







REVERSE SWALLOWING AND TONGUE-THRUSTING

during a swallowing movement, and the tongue exerts considerable pressure against the teeth during swallowing. As the average person swallows many, many times a day, tongue and muscle movements can produce harmful effects if they are not in natural balance. / During normal swallowing the individual withdraws his tongue. Those who have acquired the abnormal habit of reverse swallowing push their tongues forward, and the results are usually orthodontically harmful. This is often why some cases respond slowly or relapse to the appearance of the original protrusive malocclusion after treatment. / There is so much to the habit training administered by Orthodontists and Speech Pathologists, that no device could be considered a cureall. The Secondary Exerciser, however, has proven itself to be a helpful supplemental aid and, on occasion, successful training therapy by itself. / Patient and parents are fully informed about the habit and the various exercises to be practiced. The Secondary Exerciser is given as an additional mechanical training aid with instructions for the patient to practice swallowing 50 consecutive times with the Exerciser in place in the mouth at specified times during the day and evening. / correcting tongue-thrusting: Tongue-thrusting is an additional habit. As

the series of movements may be more complicated than just reverse swallowing, correcting the habit may demand habit training plus the placing of habit-reminding bands and appliances by the Orthodontist. / The Secondary Exerciser, used as prescribed for reverse swallowing, can also be used to speed and simplify treatment for correcting tongue-thrusting. (Users say this technique has proven successful for patients up to 14 years of age.) / effective early orthodontic therapy: Reproductions of the X-rays indicate how the Exerciser can be used in the early correction of certain types of open bites, mouth breathing, etc. / These Exercisers are not panaceas of prevention nor can they be used successfully with every child. Some children will not accept them and some problems cannot be helped by their use. Generally, they are proving helpful, and under professional guidance are achieving remarkable benefits. / Nuk Sauger tests continue. While design refinements are still being made, those using the program are receiving samples without charge. Although we will gladly forward technical literature, we cannot promise everyone samples because supplies are limited and are being distributed on a first come-first served priority request basis.

RANCISCO . PIONEERING / PROGRESS / LEADERSHIP . ORTHODONTICS / DENTISTRY FOR CHILDREN

ing a woman in a man's field, and have decided they like it.

"At first I thought I might have to be a suffragette," said Doctor Ann McQuillan, a 1959 graduate, now a practicing dentist and part-time instructor in clinical radiology at the school. "But I found no discrimination at all. Aside from an occasional patient—usually an older man—who needs a trial period, most people accept me immediately."

Doctor Pat Parsons, another graduate and faculty member at the university specializes in children's dentistry. "I get most of my patients on referrals from pediatricians or other dentists who have children they can't manage or don't want to spend their time 'fiddling around,' as they put it,"

she said.

Students Shirley Austin and Evangeline Greer find their teachers encouraging and the attitudes of the men students—who outnumber them 50 to 1—varying with the individuals. Some approve, some disapprove.—Saint Louis (Missouri) Post-Dispatch.

#### **Heads Board of Education**

Doctor Robert D. Vander Roest of Portage, Michigan, who has been a member of the Portage Board of Education for five years, was recently elected president of the school board for the year beginning July 1, 1961. -Kalamazoo (Michigan) Gazette.

#### **Honored for Neighborhood Service**

A Neighborhood Service Award has been presented by the Cleveland Rotary Club to Doctor Anthony J. Kmieck. Doctor Kmieck is immediate past president of the Tremont Area Civic Association and was one of the leaders in a 20-year campaign to obtain a playground in his area. He still serves as chairman of the association's recreation committee. — Cleveland (Ohio) Plain Dealer.

(Continued on page 94)

# **POLORIS**

# local treatment for local pain



## safe, sure, effective...

Treatment of oral pain with effective Poloris pads provides analgesia, eases congestion, speeds healing at the site of discomfort.

Local Poloris therapy is fast and direct without any systemic lag or undesirable side-effects.

Indicated for pain of abscess, erupting third molar, pericementitis; post-extraction care; non-serious emergencies; gum irritation after instrumentation.

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BLOCK DRUG COMPANY, INC.
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"Quality Products for Dental Health"

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Cyril Gordon, Box 57-87183, Marion, Ohio

John T. Kenney, 1286 Jackson Avenue, Lakewood 7, Ohio

Hope E. Willis, 543 Fenimore Avenue, Kalamazoo, Michigan

Ralph Underhill, PO Box 37, Beebe, Arkansas

Effie M. Bays, 9508 South Broadway, Saint Louis 25, Missouri

#### DIVIDENDS FROM HIGH SPEED **TECHNIQUES**

DENTISTS using high speed drilling equipment were asked to indicate what had been the major effect of the use of such equipment on their practice. Of the two responses listed on the questionnaire, 52.7 per cent checked "It has increased the number of patients treated by you" and 37.2 per cent checked "It has reduced your time in the office." Of the write-in replies, the most common was that high speed equipment had made the dentist's work easier or reduced his fatigue (26.3) per cent). Reduction of the patient's tension or increase of the patient's acceptance of dental treatment was mentioned by 14.6 per cent. - The 1959 Survey of Dental Practice, American Dental Association.

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325° F. to 1750° F. . . . . . can be repeated accurately



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Ideal for dental offices and medium-sized laboratories. This wax eliminating furnace is your assurance of precision and low cost operation. Inside dimensions 3" x 25%" x 3". Furnace includes porcelain tray, pilot light, counter-bal-Mighty-Midget anced door, automatic control and pyrometer.

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add your own water (economical) for one-fourth glass of mouth wash





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#### DOCTOR...DO YOU KNOW THE

# FACTS

#### ABOUT BENZODENT®?

10 YEARS OF CONSISTENT SUCCESS

The first product specifically formulated to answer the needs of modern dentistry for denture break-in without discomfort or anxiety, Benzodent has met the test of time since its introduction in 1951. Clinical tests of the effectiveness of this original multi-purpose aid to denture adjustment—with combined antiseptic, analgesic, and adhesive action—have been substantiated by widespread and constantly increasing use.



You pay less for the best — as Benzodent now comes in the widest choice of sizes to suit the needs of every practice. Space-saving carton of 36 four-gram tubes at \$9 gives lowest pennies-per-patient cost. Also available from dental dealers: units of 12 four-gram tubes (\$3.50), six ¼-ounce tubes (\$3), single one-ounce tube (\$1.50).

THOUSANDS OF SATISFIED DENTISTS

The only product of its kind that can be relied upon for simultaneous denture stabilization and pain relief is how Benzodent is regarded by the countless dentists using it routinely with new, immediate, and partial dentures.

TENS OF THOUSANDS OF HAPPY PATIENTS

Confidence and cooperation result as Benzodent comfortably encourages consistent denture wear during the break-in period, curbs post-insertion complaints and demands for emergency attention and needless trimming. The results are better control of return-visit schedules, reduction of unbillable chair time, greater patient appreciation of fine prosthetic work.

#### ARE YOU USING BENZODENT TO ACHIEVE HAPPIER PATIENTS AND A HEALTHIER PRACTICE?

If not, order Benzodent from your dealer today, with an unconditional guarantee of full refund if not satisfied. Or write for a professional test

package:



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They had traveled only a short distance when the boy friend whispered to the sweet young thing: "Repeat to me those three little words that make me walk on air."

Said the sweet young thing who hadn't forgotten his lack of courtesy: "Co hang yourself"

"Go hang yourself."

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Two fleas came out of a theatre and found the rain pouring down like crazy. The first flea turned to the other flea and asked, "Shall we walk, or take a dog?"

Your wife will still like candy and flowers so let her know that you remember by speaking of them occasionally.

"Boss," said the dock foreman, "the men on the dock are a little leery of the new freight loader you hired yesterday."

"Why so?" asked the terminal manager. "He checked out well."

"Maybe so," replied the dock foreman, "but this morning he stubbed his toe on a crate of iron castings and said, 'Oh, the perversity of inanimate objects.'"

Small boy in barber's chair: "I want my hair cut just like my daddy's —with a hole on the top!"

Doctor: "That pain in your leg is caused by old age."

Grandpa: "Don't be silly. My other leg's the same age and it doesn't hurt."

It's been said that the woman pays and pays, but it is up to the man to furnish the payments.

Customer: "Have you a book called, 'Man, the Master of Wom-en'?"

Salesgirl: "Fiction counter to the left, sir."

Capital Punishment—When the Government taxes you to get capital in order to go into business in competition with you and then taxes the profits in order to pay its losses.

Fanatic—One who is highly enthusiastic about something in which you are not interested.

Heard in the office building elevator: "The only time I believe in reincarnation is at five o'clock in the afternoon when all the dead people come to life."

Kiss-Contraction of the mouth due to an enlargement of the heart.

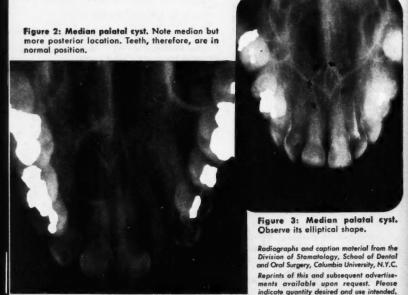
Animal Doctor: "What's the trouble?"

Kangaroo: "I don't know. It's just that I don't feel jumpy lately." CYSTS OF THE JAW: Third of a series
The developmental cysts: Six cases
detected radiographically

Diagnosis of developmental cysts is easily made since members of this family possess the usual radiographic features of cysts-round, oval or elliptical shape-homogeneous radiolucency—distinctively sharp borders—and hyperostotic peripheries. In addition, their lack of association with neighboring teeth, as well as their specific locations (median line, between lateral incisor and cuspid, incisive canal region, etc.), are of aid in identification. Particular care, however, should be taken to obtain radiographs of clarity and definition, thus to establish not only identity. but area encompassed.



Figure 1: Median alveolar cyst. Here expansive cystic pressure has disturbed the normal positions of central incisor. (Two radiographs have been trimmed and combined to produce above graphic recording.)



Order Kodak dental x-ray materials from your Kodak dental dealer.

X-ray Sales Division, EASTMAN KODAK COMPANY, Rochester 4, N.Y.



Figure 4: Median palatal cyst. An unusually large lesion.



Figure 5: Globulo-maxillary cyst. Although appearance of lateral incisor suggests non-vitality, it is vital and normal. In this case, usual cystic features are not clearly visible.



Figure 6: Nasopalatine cyst. Note position lateral to median line. Only one vestigial duct was involved.

### Follow the Radiographic Rule of Two for quick, accurate diagnosis

Rule No. 1: Always make sufficient radiographs.

This helps save time for everyone.

Rule No. 2: Make sure radiographs are uniform and of top quality. (Particularly important where treatment over a period may be involved.)

And finally, remember: Kodak dental x-ray film and Kodak dental x-ray chemicals are made to work together... made to produce uniform, dependable results when used together!

#### For best results . . . choose from these outstanding Kodak dental x-ray films:

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Kodak Bite-Wing Radia-Tized Dental X-ray Film . . . Kodak Periapical Radia-Tized Dental X-ray Film.

Kodak Occlusal Super-Speed Dental X-ray Film.

Extremely high speed for radiography of the dental arches.



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For extraoral dental radiography: Kodak Blue Brand—high sensitivity; Kodak Royal Blue—greatest spec yet available with intensifying screens; Kodak No-Screen—high contrast and high speed.

Kodak Dental X-ray Developers and Fixers: Single-solution liquid concentrates or quick-dissolving powders. Each makes I gal. solution.

#### MORE INFORMATION . . . LESS RADIATION!

To minimize radiation both to patient and to operator ... to assure better radiographs (more detail, less blurring from movement):

- 1. Use the faster Kodak dental x-ray films;
- 2. Cut exposures to recommended minimum;
- 3. Process in Kodak dental x-ray chemicals.



Send for "How to Prevent Toothache" by Howard R. Raper, D.D.S. 50 copies without cost. Additional copies \$1.00 per hundred. Interest your patients in tooth preservation.





#### WHAT'S NEW

#### IN PRODUCT DESIGN— FUNCTION—ASSORTMENT



The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

Dentifrice — Sensodyne Tooth Paste; utilizes a new desensitizing agent, Strontium Chloride, that is 90.1% effective in cases studied. Has high safety factor since its Strontium ion is even less toxic than that of calcium. Desensitizing effect is reported to be cumulative, making permanent relief possible when product is used on a daily, continuing basis. Block Drug Co., Inc., Jersey City, N. J.

Chime Signal — Signal-U Doormat; when placed at entrance, a chime or bell rings when anyone steps on mat. Designed to be reversible as both sides of mat are constructed of heavy corrugated rubber secured with extruded aluminum edging. Installation is a matter of mounting chime and plugging it into a wall socket. Signal-U Mfg. Co., Canfield, Ohio.

Film Hanger — Star X-Ray; back-toback stainless steel hanger. A 14-to-20 film series can be developed with any half-gallon developing tank. Star X-Ray Co., Inc., 498 East 167th St., New York 56, N. Y.

Lead Aprons — Star X-Ray; made of lead impregnated rubber for maximum protection against radiation. Held on shoulders by heavy webbed straps and snap hooks. Star X-Ray Co., Inc., 498 East 167th St., New York 56, N. Y.

Teeth—Bio-Mechanical, NIC, and Nuform Posterior lines; now available in Univac Porcelain in the full range of 12 Univac colors. Each of 3 lines offers individual features. Universal Dental Co., Philadelphia 39, Pa.

Magnifier — Moller Head; basic unit consisting of headplece and one set of lens, either low, medium or strong magnification. Can be supplemented with extra lens and a low voltage illuminating unit. R. H. Dollar Co., 316 Marion Bldg., Cleveland, Ohio.

Loupes — Rhodes; use finest flat-field plus 5.00 optical lenses which give clear vision area 3" to 4" in diameter. Headband is composed of special 5 to 12% moisture absorbent plastic which does not promote perspiration, and conforms to the head. Incorporates use of stainless, spring steel. Now manufactured and distributed by Atwood Laboratories. Box 655. Tarzana. Calif.

copy Paper—IC Instant; for perfect copies of originals and carbons on Thermo-Fax machine. Heavyweight, easy to handle; making clean, white copies. Wax-free, copies do not become brittle or fade out with time. Interchemical Corp., Cincinnati 1, Ohio.

Audio Analgesic—Auralgesiac; consists of an electronic white sound generator, patient control box with mixing knobs for white sound and stereo music, carefully calibrated not to exceed maximum permissible levels, and stereophonic earphones with positive seal. The Auralgesic Co., 151 Main St., Worcester, Mass.

Carbide Burs—Cutwell "Break-Thru"; include 8 FG and 1 RA dual-purpose burs for opening and extending fissures. The round cutting end can be used to make opening vertical cuts. To extend fissure, move bur laterally. Designed to provide fast, smooth cutting. The Ransom & Randolph Co., Toledo, Ohio.

Casting Alloy — Dentorium Cobalt; complies with A.D.A. Specification No. 14. Perfectly balanced and does not require any special equipment or tech-(Continued on page 102)

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nique in processing. Features excellent tolerance to tissue and will not be affected by acids in the mouth. Available in 3 grades. Dentorium Products, Inc., 110 West 42nd St., New York 36, N. Y.

X-Ray Film Illuminator — Wolf, Model 320; designed as an aid to dentists in viewing dental x-ray films. Rests conveniently on shelf, desk, or table-top; features a swiveling illuminator body that tilts to any convenient viewing angle. An adjustable rheostat brightens or dims light intensity to suit density of film. Wolf X-Ray Products, Inc., 93 Underhill Ave., Brooklyn 38, N. Y.

Carbide Sur—S. S. White No. 556 FG Flat End Dentate Fissure Bur; added to line. The S. S. White Dental Mfg. Co., Philadelphia 5, Pa.

Carbide Bur Assortments—R&R Handi-Rack; designed to keep burs ready for instant selection by size and type. Has handsome walnut finish, and is hinged to open flat. Available with assortment of 48 bur packages, and will hold 98. Eyelets are furnished so that Handi-Rack can be used as a pin-up wall dis-

penser if desired. The Ransom & Randolph Co., Toledo, Ohio.

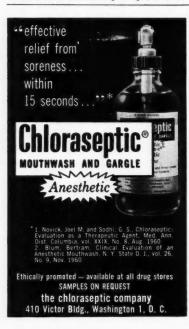
New Color — General Electric X-Ray, Sierra Copper finish; available on G.E. 90-II and 70-II lines. General Electric Co., X-Ray Dept., 4855 West Electric Ave., Milwaukee, Wis.

Plastic Bib — Premier; made expressly for junior-sized patients. Is waterproof and features a built-in water trap pocket to catch spillage. Available in clear, green, and blue. Premier Dental Products Co., Philadelphia 7, Pa.

Liquid Solvent—Zoe-Solv; quickly removes zinc-oxide eugenol from slabs, instruments, cheeks, lips, etc. Pleasant tasting mint flavor, no irritating effects. Premier Dental Products Co., Philadelphia 7, Pa.

Give-Away Game—Skill-Ball; for child patients. Acetate-covered card consists of steering small metal balls into holes. Attractively printed on reverse side is a helpful dental message for the young patient. Premier Dental Products Co., Philadelphia 7, Pa.

(Continued on page 105)





WITH A PROBLEM

Write for FREE PETRALIT SAMPLE and 12 page booklet— "FILLING PROBLEM" "THAT PETRALIT CAN HELP YOU SOLVE"



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Keeps your stock by size and type ready for instant bur selection



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Handsome walnut finish. Hinged to open flat. Fitted with dividers. Will hold 96 bur packages. Eyelets for wall pin-up included.

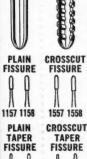
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1. BEMRMAN, S.J., FATER, S.D., GROOBERG, D.L. AN EVALUATION OF OXYGEN-ATING AGENTS IN THE TREATMENT OF GINGIVAL, INFLAMMATION. J. DENT. MED, OCT. 1958.

BEE:

2. ALVIN D. SENTER, B.S., D.D.S., M.S., A CLINICAL EVALUATION OF AN OXY-GENATING AGENT. ORAL SURGERY, ORAL MEDICINE AND ORAL PATHOLOGY. MAR. 1959.

3. DR. SANTIAGO MARTI RUESCA, SPAIN. TO BE PUBLISHED. Clinical reports confirm the efficacy of AMOSAN as an ancillary aid in treating inflamed tender gingivae.

- Controlled clinical research proved AMOSAN to be a 93,3% effective adjunct in the treatment of inflamed bleeding gums.<sup>1</sup>
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AMOSAN is 100% instantly soluble—has an almost neutral pH—leaves no irritating alkaline residue—releases 5½ times more oxygen than Sodium Perborate to destroy all oral anaerobes—has a low surface tension (37.3 dynes per centimeter)—its detergent and mechanical action aids in debridement—there is no danger of the hazard of antibiotic use.

There is no better way to assure yourself of AMOSAN's effectiveness than to try it.

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Plastic Apron — Premier; waterproof, plastic, with built-in pocket that extends the full sides and bottom to catch spillage. Three-quarter length, featuring convenient Velcro closure. Premier Dental Products Co., Philadelphia 7, Pa.

Denture Relief Paste—Oral-Ease, provides lasting relief from denture discomfort. Analgesic action effective for days. Prolonged resistance to saliva absorption. One application lasts for days. Also effective for immediate denture use. Mizzy, Inc., Clifton Forge, Va.

Copier—Ozalid Transferon 9; weighs only 12 lb. Reproduces sharp black-onwhite photographic quality reproductions of originals up to 9" wide. Reproduces every color. Handy lighterdarker indicator simplifies setting exposure speed. Ozalid Division, General Aniline and Film Corp., Johnson City, N. Y.

Analgesia Tablets—Equagesic, relieves pain, anxiety, and muscle spasm. Contains meprobamate and is indicated for relief of dental infection, postoperative and postsurgical pain. Wyeth Laboratories, Philadelphia 1, Pa.

Reline Material—Ajusto, relieves tired and irritated tissues and restores comfort and adhesion lost as tissues recede from new dentures. Indicated also for temporary relines, to stabilize bite blocks and try-ins without damaging master model. William Getz Corp., 7512 S. Greenwood Ave., Chicago 19, Ill.

Bire Block — Improved Combo; offers many uses and variety of possible combinations, i.e., single-tube suction, twin-tube suction, tongue guard. Will work with any aspirator, is adjustable to any mouth, can be used either right or left side. Available in large arsmall sizes. Sprague Dental Co., P. (Box 5062, Portland 14, Ore.

Analgesic—Excedrin; extra strength is coupled with a high degree of tolerance, permitting its use for prolonged therapy. Each 7½ gr. tablet contains salicylamide, aspirin, acetophenetidin and caffeine. Bristol-Myers Co., 630 Fifth Ave., New York City.

Carbide Bur Shapes—Densco; have exclusive drilling tip and have been developed to a degree which greatly en

(Continued on page 106)



larges their field of use. One group includes 6 sizes, 3 plain fissure and 3 cross-cut fissure; other group has 4 sizes, are extra-long tapered fissure burs. Latter group developed primarily for use with the Parallaid. Densco, Inc. Denver 1. Colo.

Epoxy Resin—Epox-E-Don, for bridgework, veneers and jacket crowns. Durability and bonding qualities have been scientifically formulated for dental use. Positive bonding to gold. Great resistance to abrasion and wear. Nu-Dent Porcelain Studio, Inc., 220 West 42nd St., New York City.

Silicate Cement—Crescent, mixes in 10 to 20 seconds. Uniform consistency. No waste of powder. Fre-measured disposable capsule avoids cleaning slab and spatula. Crescent Dental Mfg. Co., Chicago 25, Ill.

Instruments—Tarno; 10 added to regular Tarno Line. Many heretofore available in single end types, now available in double end types. New are the Hollenbeck Carver No. ½; and an S. S. White Plastic Filling Instrument No. 2-S. The S. S. White Dental Mfg. Co., Philadelphia 5. Pa.

Autoclave — S. S. White Model No. 8816M; changes and improvements include simplified control mechanism, more attractive unit, positive quick-dry cycle. The S. S. White Dental Mfg. Co., Philadelphia 5, Pa.

Dental Unit — Selectron Model XVI; now with built-in Airotor with handpiece easily accessible. Also features high volume aspirator, Improved Selectron siphon breaker, variable foot control. The S. S. White Dental Mfg. Co., Philadelphia 5, Pa.

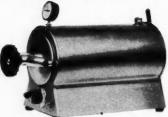
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— Eight-page folder featuring right and wrong way to mix zinc cement. Stratford-Cookson Co., 550 Commerce Drive, Yeadon, Pa.

"Ionization of Fluorides With the Ion Toothbrush"—Six-page folder providing technical information on the subject of iontophoresis of fluoride as an adjunct to normal oral hygiene. The Ion Co., 2518 W. Vernon Ave., Los Angeles 8. Calif.

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tough and strong—excellent for expressing mercury from amalgam filling material

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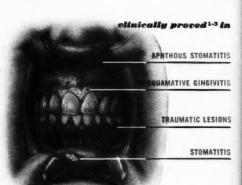
DENTAL DIVISION

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Kenalog in Orabase is an entirely new kind of preparation that provides a unique dual approach to the topical treatment of acute and chronic lesions of the oral mucosa. It combines a highly effective anti-inflammatory agent, Kenalog (Squibb Triamcinolone Acetonide)—a steroid regarded as possessing superior clinical effectiveness—with a new, soothing adhesive/emollient paste, Orabase. Relief is prompt. Because Orabase adheres firmly to moist oral tissues, the anti-inflammatory benefits of Kenalog are sustained. Even acute, traumatic lesions usually heal promptly.

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comments on safety: When Kenalog in Orabase is used as recommended systemic effects are most unlikely. Local reactions have been observed only rarely. However, when the dental patient has tuberculosis, peptic ulcer or diabetes, consultation with the patient's physician should precede treatment with any steroid agent. The use of any topical steroid is contraindicated in herpetic lesions of known viral origin such as herpes labialis, intraoral lesions, such as primary herpetic stomatitis, and herpanginas. For complete information, consult package insert or write, Professional Service Department, Squibb, 745 Fifth Avenue, New York 22, N. Y.

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\*References: 1. Zegarelli, E. V., and others: Oral Surg. 13:170 (Feb.) 1960. 2. Zegarelli, E. V.; Kutscher, A. H., and Silvers, H. F.: J. Periodontol: 30:53 (Jan.) 1959. 3. Katz, E.; Zegarelli, E. V., and Kutscher, A. H.: Ann. Dent. 19:90 (June) 1960.

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Will work with any unit aspirator; is adjustable to any mouth (shallow or deep; can be used on either right or left side.)

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Order through your ACHATITE dealer today or write for detailed literature

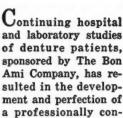
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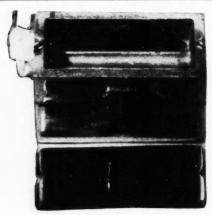
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A major breakthrough in fluoride application is achieved by the Ion Toothbrush, providing an effective new home treatment for hypersensitivity.

Effectiveness of office treatment with 331/3% Sodium Fluoride pastes or electrical desensitization devices can now be achieved and maintained in the patient's daily home care by using a standard fluoride dentifrice and the Ion Toothbrush.

A small 11/2-volt battery in the handle of the Ion Toothbrush charges the tooth enamel with a positive electrical potential, thereby increasing the adherence of the extremely negative fluoride ions to the teeth. The process is as simple as electroplating and the amount of electrical flow is below human perception. Electrodeposition of fluoride with the Ion Toothbrush alleviated 98% and completely relieved 70% of

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Electrodeposition of fluoride unfolds exciting possibilities in dental care. A 35% average increase in resistance to acid dissolution of dental enamel was observed when teeth in vitro were positively charged during application of fluoride solution, as compared to an identical fluoride application without electric

In vivo studies<sup>3</sup> on rats using the Ion Toothbrush and a dentifrice which contained stannous fluoride showed a 23% increase of enamel resistance to acid dissolution after only 24 applications of 1 minute

each, as compared to normal brushing with the same dentifrice.

The ability of electrical current to increase the penetration of negative ions into tooth enamel is confirmed by another in vitro study using radioactive iodide, an ion closely related to fluoride.4

The Ion Toothbrush is now being recommended with outstanding results by many dentists to their

- 1. Jensen, Arthur L., D.D.S., F.A.C.D.,: Tooth Sensitivity Controlled by Iontophorasis, J. Calif. D.A., Vol. 37, No. 1, Feb., 1961.

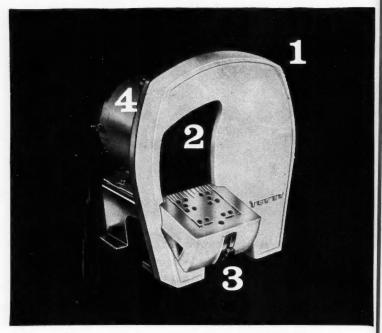
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- 3. Bixler, David, D.D.S., PhD.,: Indiana University, Unpublished Report.

HYPERSENSITIVITY

Stowell, Ellery C., et al: (V.A. Dental Research Dept.) The Influence of ion Penetration in the Presence of an Electrostatic Field. Presented befora I.A.D.R., Boston, March 23-25, 1961.

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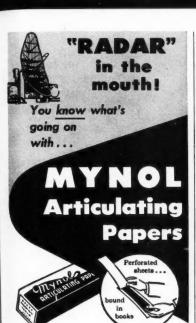
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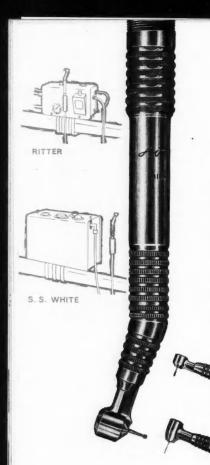
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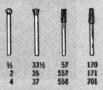
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MINIATURE DIAMONDS



#### MINIATURE CARBIDE BURS





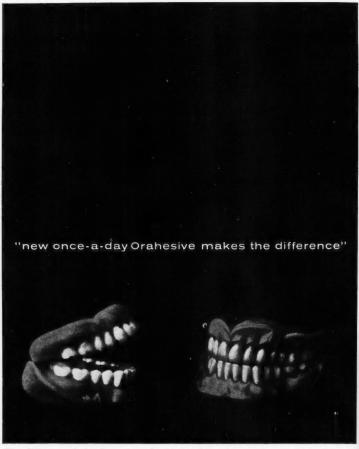
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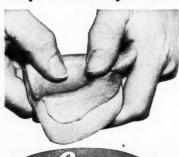
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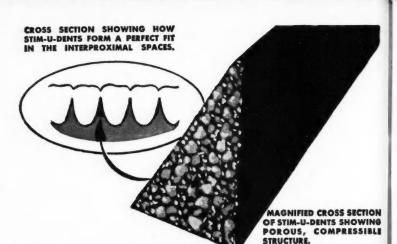
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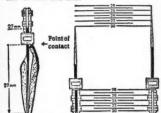
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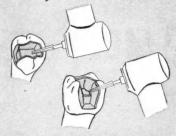
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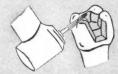
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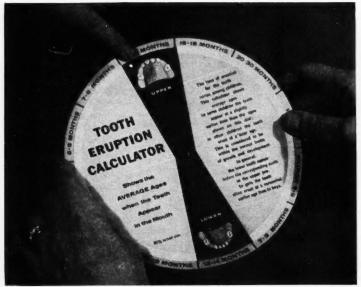
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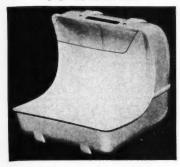
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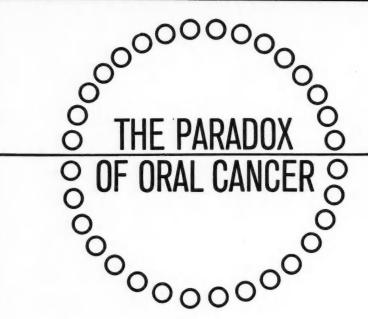
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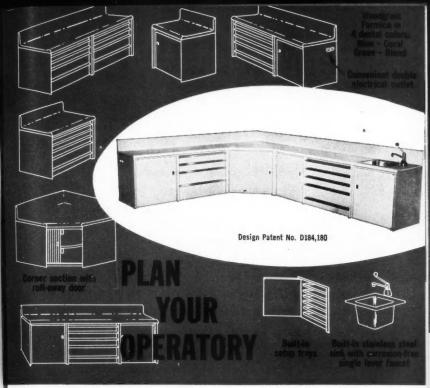
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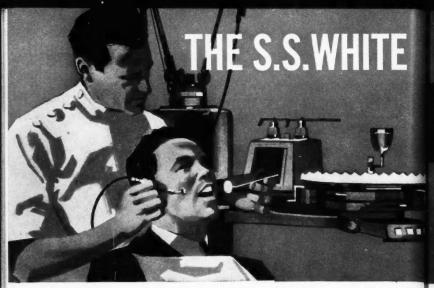
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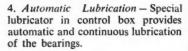
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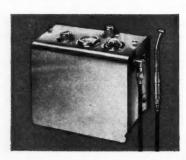
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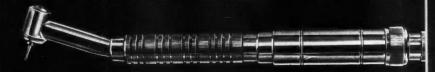


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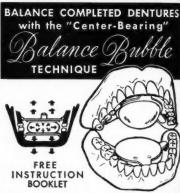
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- 1 Report on Neutrox from the Journal of American Pharmaceutical Association, Vol. 36, p. 385, Dec. 1947.
- 2 Report on Neutrox from the Journal of American Pharmaceutical Association, Vol. 38, p. 258, May 1949.

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References: 1. Hoffman, Heiner: Oral Surg. 11:216, Feb., 1958. 2. Zintel, H. A.: Surg. Clin. North America 36:257, April, 1956. 3. Medrek, T. F., and Litsky, W.: Surg. Gynec. & Obst, (Internat. Abstr. Surg.) 104:209, March, 1957. 4. Shay, D. E.: Oral Surg. 4:355, March, 1951.

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(Continued on page 148)



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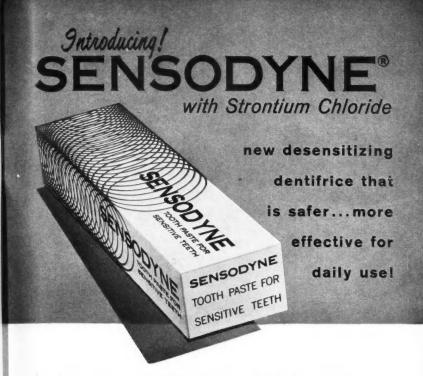
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